

A Case of Spontaneous Rupture of Posterior wall of Pregnant Uterus

S. K. Saha, B. C. Das
Sikdar Memorial NCHS, Calcutta.

Mrs. S., 24 years, P1+0 RHD-5th September, 1965 was admitted to Sikdar Hospital on 1.6.66 with 7 months of pregnancy, and had delivery of the foetus. She was an unobscured case. On examination she was pale with tachycardia. For abdominal findings - Abdomen distended - tender, no resistance perceived, placenta palpable, no fetal heart sound auscultable, PV exam normal - slight bleeding per vagina, no fetal presentation felt externally present. Provisional diagnosis was rupture uterus without any apparent cause. Post operative history was that she underwent hysterectomy operation. She is discharged to her home to a district

hospital.

On gross inspection the placenta was normal - no obstruction was noted.

On laparotomy 1.5 kg. foetus - 40 cm. long was removed from abdominal cavity. Stage I carcinoma cervix and a longitudinal rupture of the posterior wall of the uterus extending from the fundus to the lower segment with altered margins were seen.

Rectum was explored with vision. No 'G' or 'P' signs followed by viscous posterior nodules. Abdominal cavity cleaned and closed in layers. Patient was transfused with two bottles of blood during and after the operation.