

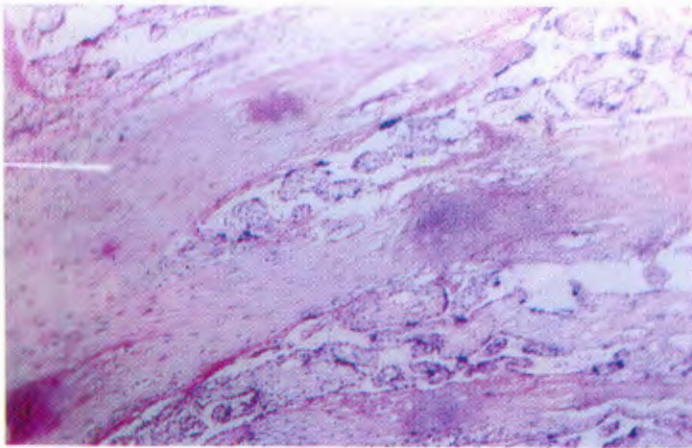
# Silent Anterior Fundal Rupture of Uterus in a Multigravida due to Placenta Percreta

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Abstract: This case report describes a silent anterior fundal rupture of the uterus in a multigravida, which was discovered during a cesarean section performed for placenta percreta. The patient presented with a painless vaginal bleed and a tender, enlarged uterus. The rupture was confirmed by laparotomy, showing a complete perforation of the anterior wall of the uterus. The placenta was found to be deeply embedded in the myometrium, consistent with placenta percreta. The patient underwent a total hysterectomy and cesarean hysterectomy, with a favorable outcome.

**Introduction:** Placenta percreta is a rare but serious obstetric complication characterized by the placenta invading the myometrium and potentially extending through the uterine wall. It is often associated with a history of cesarean sections and is more common in multigravida. The condition can lead to significant maternal morbidity and mortality if not diagnosed and managed promptly. Silent anterior fundal rupture of the uterus is a life-threatening complication that can occur without any warning signs, leading to severe hemorrhage and shock. This case highlights the importance of a high index of suspicion in multigravida with a history of cesarean sections, particularly when presenting with a painless vaginal bleed and a tender, enlarged uterus.



**Case Report:** A 35-year-old multigravida with a history of two previous cesarean sections presented to the hospital at 36 weeks of gestation with a painless vaginal bleed. She was hemodynamically stable but had a tender, enlarged uterus. An ultrasound examination revealed a placenta that was abnormally low-lying and appeared to be invading the anterior wall of the uterus. Given the clinical and imaging findings, a cesarean section was performed. During the surgery, a complete anterior fundal rupture of the uterus was discovered. The placenta was found to be deeply embedded in the myometrium, extending through the uterine wall. The patient underwent a total hysterectomy and cesarean hysterectomy, with a favorable outcome.

**Discussion:** Placenta percreta is a rare but serious obstetric complication characterized by the placenta invading the myometrium and potentially extending through the uterine wall. It is often associated with a history of cesarean sections and is more common in multigravida. The condition can lead to significant maternal morbidity and mortality if not diagnosed and managed promptly. Silent anterior fundal rupture of the uterus is a life-threatening complication that can occur without any warning signs, leading to severe hemorrhage and shock. This case highlights the importance of a high index of suspicion in multigravida with a history of cesarean sections, particularly when presenting with a painless vaginal bleed and a tender, enlarged uterus.

**Conclusion:** This case report highlights the importance of a high index of suspicion in multigravida with a history of cesarean sections, particularly when presenting with a painless vaginal bleed and a tender, enlarged uterus. Placenta percreta is a rare but serious obstetric complication that can lead to significant maternal morbidity and mortality if not diagnosed and managed promptly. Silent anterior fundal rupture of the uterus is a life-threatening complication that can occur without any warning signs, leading to severe hemorrhage and shock.

**References:** [List of references related to placenta percreta and uterine rupture]

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**Conclusion:** This case report highlights the importance of a high index of suspicion in multigravida with a history of cesarean sections, particularly when presenting with a painless vaginal bleed and a tender, enlarged uterus. Placenta percreta is a rare but serious obstetric complication that can lead to significant maternal morbidity and mortality if not diagnosed and managed promptly. Silent anterior fundal rupture of the uterus is a life-threatening complication that can occur without any warning signs, leading to severe hemorrhage and shock.

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