

# Unusual case of Rupture of Posterior wall of Uterus at 32 wk Post LSCS Pregnancy.

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A 30 year old unbooked O.P.N. Mrs. J.N. with one live born and with previous history of LSCS a 2<sup>nd</sup> pregnancy was admitted in the Obstetric emergency room on 10-1-98 at 7:30 AM with pain in abdomen for 6 hrs and blood stained discharge P/V for 4 hours. The pain was more intense to start with followed by continuous one 3 hours prior to admission.

The patient had irregular menses, MVD-500, not sure about her LMP (April 1997).

In detailed history-1<sup>st</sup> Pregnancy delivery at term at home with normal 2<sup>nd</sup> pregnancy continued by LSCS 2 years back the obst. indication-PPROM with unfavourable cervix. No life any complication of past operations. Used CuT I year after LSCS and had it removed. No history of any gynaecological operation in past.

Obstetric USG on 17-12-97 shows pregnancy at 30 wk in normal presentation. On examination she was clinically well, pulse was 94/min, BP-120/90, rest was clinically stable & normal. On abdominal examination normal finding could not be made but tender. Whole abdomen

was tender. No rigidity, peritonitic features not felt superficially. Only one head of foetus felt in the left side of abdomen in lumbar region. Onl tone in peritoneum, shifting dullness present. F.H.S not heard. Fetus movable approx P/V uncontracted cervix normal long and closed up, soft. Finger could not reach the internal os. Blood stained discharge present. With these findings, provisional diagnosis of rupture of posterior wall was made and the patient was prepared for laparotomy. Level of anaesthesia- GA. Blood group-B+ve.

On opening the abdomen the peritoneum was full of blood and pus, there was rupture of body of uterus in its anterior wall. A 30 wk size male baby was present in peritoneum in supine position and cord attached to uterus. Peritoneal washing done (Kern was negative). Both tubes and ovaries were normal. Large singly the placenta caesarean scar on uterus was healthy. There was no intraperitoneal or retroperitoneal haemorrhage.

Rupture of uterus is cause of severe caesarean morbidity in non-accidental but in 30 wk pregnancy, rupture of uterus on its posterior surface is very unusual.