An Unusual Complication in PIH.

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Mrs. AB 30 years old, G_3P_2 with previous two live children was admitted on 25.6.98 as an emergency with amenorrhoea of 9 months with loss of fetal movements since one day. She had not received any antenatal care. Her second baby was delivered by LSCS two years back. On examination she was anaemic, the pulse rate was 98/mt regular, BP-150/100 mmHg and bilateral pedal edema was present. Heart and lungs were normal. On urine examination albumin was + and sugar was nil. Uterus was term size with vertex presentation. Fetal heart was absent with no scar tenderness. She was in early labour. In view of PIH with IUD, augmentation of labour was done with 2.5 units syntocinon in drip. After two hrs patient had severe pain in abdomen. Her pulse rate increased to 130 per minute andwas thready, BP 100/60 mmHg. On examination abdomen was extremely tender all over. Paracentesis was done which confirmed haemoperitoneum. A decision of immediate laparotomy with provisional diagnosis of rupture uterus was taken. On laparotomy about 1.5 litres of blood was present in the peritoneal cavity. On examination of the uterus, the scar was healthy with intact peritoneal covering. A still born female baby weighing 3 kg. was delivered by LSCS. Placenta was normal, in the upper uterine segment and easily removed. Uterine cavity explored and found to be normal. Both ovaries and tubes were normal. On exploration for the cause of haemoperitoneum, liver and spleen were found normal. Omentum was covered with clotted blood. On examination it was found that there was rupture of one of the vessels of omentum which had caused the haemoperitoneum. Same vessel was ligated. Adbomen was closed in layers. 3 units of blood were transfused perioperatively and patient was discharged after 10 days.