

Spontaneous Uterine Rupture in Antenatal Period

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The incidence of spontaneous, uterine rupture is about 1 in 15,000 with a previously intact uterus. This case of antepartum spontaneous uterine rupture at the fundus is reported in view of the rarity of its occurrence.

Mrs. Radha, 27 years/F was transferred from Bhagwati Hospital to our hospital on 28.4.98. Patient had 6 months amenorrhoea & had 2 previous full term normal deliveries, 5 & 3 years old children.

Patient was admitted to Bhagwati Hospital with 6 months amenorrhoea and pain in abdomen & giddiness. There was no h/o trauma, fall in abdomen or any attempts of inducing abortion.

Patient's USG abdomen revealed IUFD of 22.5 weeks with free fluid in abdomen and abdominal tap revealed haemoperitoneum.

Patient was transferred to Nair Hospital because of nonavailability of anesthetist at Bhagwati Hospital.

On admission patient's general condition was poor. Peripheral pulses were not felt & BP was not recordable. Central venous cut down was done and patient was intubated.

Patient was infused 4 pints of whole blood over 40 minutes. Per abdomen, there was distension and fundus of uterus was not delineated.

Per vaginal examination revealed that OS was closed and minimal bleeding was present. Patient was taken for exploration. Haemoperitoneum of about 2 litres was present. Intact amniotic sac with foetus inside was present in the abdominal cavity. Linear rupture of length about 3.5-4cms was present at the fundus.

Placenta was retained inside the uterus. Cord was clamped, cut and amniotic sac with foetus removed. Baby was preterm stillbirth of 500gm. Total hysterectomy was done (Fig 1)



Fig 1

Post operative patient was kept on ventilator & patient's condition was poor.

Coagulation profile done showed altered values suggestive of DIC. Patient was given 13 pints of whole blood, 6 fresh frozen plasma & 4 platelets over a period of 48 hrs. Patient developed acute renal failure and peritoneal dialysis was started through abdominal drain. Patient had cardiac arrest on 1.5.98 and expired at 6 pm. Cause of death was cardiorespiratory arrest due to DIC & ARF because of obstetric haemorrhage in case of rupture uterus with 6 months amenorrhoea and IUFD.