Unusual Case of Spontaneous Uterine Rupture

Reshma Dalal, Pijush Saha, Rajalakshmi Venkatesan, Arun Nayak, Ashwini Bhalerao Gandhi

Department of Gynaec & Obst. T.N.M.C. & B.Y.L. Nair Hospital, Mumbai - 400 008.

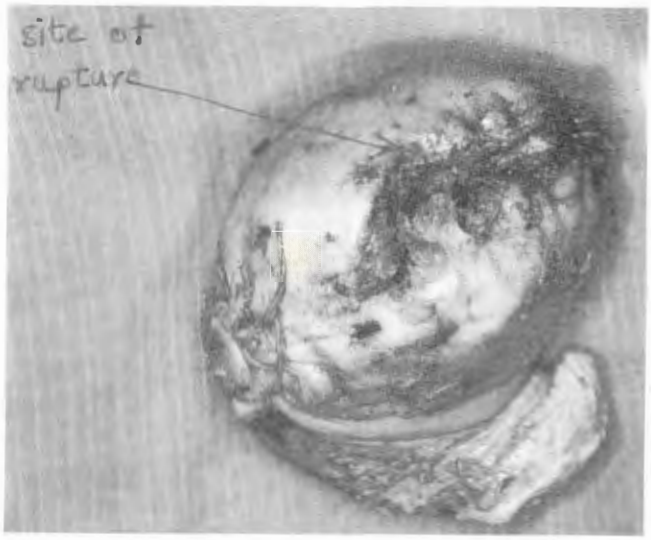
KMM, Reg No. 00/4070, 35 yrs., G5P3L3MTP1, with 7mA was referred to Nair Hospital from Bhagwati Hospital on 13/08/00 at 8.00 P.M. with h/o loss of foetal movements & pain in abdomen since 5.00 A.M., bleeding p/v since 1 day. She had jaundice 6 months ago. USG from Bhagwati Hospital showed IUFD with Transverse Lie with central placenta previa.

OH

First two were FTND's. H/o pregnancy termination at 3 mA in village 5 years ago. Patient had 1 FTND after that 2 years ago.

O/E

Pallor ++, Hb – 8gm%, P-76, BP 110/70, RS – Clear



Photo

P/A – Guarding + / Rigidity + / Rebound tenderness +. Contour of the uterus & foetal parts were not appreciated. FHS was absent.

P/V – Not done in view of placenta previa on USG.

Urgent USG repeated at Nair Hospital showed Hepatosplenomegaly, IUFD with transverse lie & Free fluid in abdomen. In view of centra placenta previa, transverse lie, free fluid and guarding & rigidity, a decision for exploration was taken.

Intra-Op Findings

Foetus and placenta were in peritoneal cavity. Fresh still birth of females 1.7 kg. Uterus corresponding to 20 weeks size well contracted. Haemoperitoneum – 1000 cc. Fundal rupture extending from one cornu to the other (see Photo).

A Total Obstetric Hysterectomy where both ovaries were spared was done Intraop blood loss was approx. 1000cc. A pelvic drain was kept and the abdomen closed in layers. Post-op 4 units of blood given. Pt. put on cefotaxime, cefuroxime, amikacin and metrogyl. In post-op period, pt. had excessive drainage from the drain but settled with conservative management. Complete suture removal done on day 12 & pt. discharged on day 20 without any other complications.

Spontaneous uterine rupture is quite rare, its incidence being 1:15000 deliveries. A spontaneous rupture may at times be associated with prior manipulations like a MTP as in this case, which may very well have caused an unappreciated uterine injury. What causes a dilemma here is that this patient had 1 FTND after the MTP before this catastrophe occurred.