Herniated Pregnant Uterus with Bleeding from Previous Abdominal Scar

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Introduction

Gravid uterus in the hernia of anterior abdominal wall is a rare condition. But it is an important entity because it can become a serious obstetric problem due to its potential complications. We report a case of gravid uterus in incisional hernia with bleeding ulcerated areas on the previous scar, disturbing the hemodynamic status of the woman. The case was successfully managed with conservative treatment.

Case Report

A 27 year old woman was referred from the Military Hospital on 15th September 2001. She was bound with a tight abdominal binder and was in a state of shock. She was 2nd gravida with 34 wks gestation, with previous cesarean section performed in a private hospital three years ago. She presented in the emergency with bleeding from the abdominal wound and with unstable hemodynamic status. Her general physical examination revealed a thin build, pallor, tachycardia of 120 per minute and systolic blood pressure of 80 mmHg. Her systemic examination did not reveal any positive finding. Abdominal examination showed uterus of 34 weeks size with cephalic presentation and regular fetal heart rate of 168 per minute. There was no evidence of bleeding per vaginum.

Investigations showed Hb 6 gms%, BT 1′50″, CT 4′10″, platelet count 150000 cmm, fasting blood sugar 100mg%, blood group B+ve and HIV non-reactive. Immediate supportive measures were taken. The patient was shifted to the operation theatre for examination which revealed a bleeding ulcerated area on the previous cesarean section wound. However pressure hemostasis had successfully controlled active bleeding till that time. The uterus had eventrated into the incisional hernia. The uterus was reposited in the abdomen, wound was cleaned and dressed as it did not require suturing. Antibiotics and supportive therapy were given. In 72 hrs wound showed signs of healing with fresh granulation tissue. She was discharged on 21st September 2001, with advise to take rest and to avoid straining. An abdominal binder was prescribed for continuous use. Antenatal check up was done every two weeks.. It was planned to repair the hernia at the time of repeat cesarean section. However she came with spontaneous labour on 16th November 2001 and had an uneventful vaginal delivery on 17th November 2001 at 8.45 a.m. Neither the previous scar nor the herniation was an indication for repeat cesarean section. She was advised hernia repair after puerperium. But she never returned and could not be followed up.

Discussion

Although this is a rare condition careful management is necessary due to its potential complications which include spontaneous abortion, preterm labor antepartum hemorrhage, intrauterine death and rupture of lower uterine segment during labor [4]. Ulceration of skin overlying the hernia due to poor blood supply of stretched skin was seen in our case and the bleeding was so excessive as to disturb the hemodynamics[1].

Immediate repair is not justified because complications due to hernia do not occur in every case. It is also important to avoid the risk of anesthesia during pregnancy. Moreover an enlarged uterus can also disrupt the hernia repair. If the uterus is strangulated early in pregnancy, immediate repair should be undertaken and pregnancy can be successfully taken to term. Strangulation at term is a definite indication for cesarean section combined with hernia repair. However, vaginal delivery can be successfully accomplished in a pregnant patient with the uterus lying in the hernia. Though rupture of uterus stuck in the hernia can occur, this possibility is not an indication for elective cesarian section.

The management of herniated uterus during pregnancy must be based on gestational age at presentation. Though complications can occur, successful pregnancy can be achieved by conservative management.

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References

1. Aimakhu VE. Gravid uterus in anterior abdominal wall hernias. *Int. J Gynecol Obstet 1975; 13: 177-80.*
2. Dare FO, Makinde OO, Lawal OO. Gravid uterus in an anterior abdominal wall hernia of a Nigerian woman. *Int J Gynecol Obstet 1990; 32 : 377-9.*
3. Fullman PM. Incisional hernia containing an incarcerated pregnant uterus. *Am J Obstet Gynecol 1971; 111: 308 - 9.*
4. Boys CE. Strangulated hernia containing pregnant uterus at term. *Am J Obstet Gynecol 1945; 50 : 150-2.*