

Spontaneous Uterine Perforation Mimicking Acute Abdomen

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Abstract: Incidence of Spontaneous uterine perforation is very rare of about 0.01% - 0.05%. We did a case of peritonitis caused by perforated uterus. A 40 - year - old woman with abdominal pain was admitted to our hospital. Exploratory Laparotomy was performed for the suspicion of gastrointestinal perforation with generalized peritonitis. At laparotomy, about 900 mL of pus was found in the peritoneal cavity. No abnormal findings in the Small bowel, large bowel and Gallbladder. A total abdominal hysterectomy with bilateral salpingo - oophorectomy was performed. Histopathology of the specimen revealed endometritis and myometritis of the uterus; but there was no evidence of malignancy, and the cervical canal was patent. Despite rare finding, the condition must be born in mind with regard to elderly women with acute abdominal pain.

Keywords: Acute Abdomen, Uterine perforation, Peritonitis, Old Age, Pyometra

1. Introduction

Pyometra is the accumulation of pus in the uterine cavity. Malignant disease is the most common cause of pyometra and effect of its treatment (radiotherapy). Other causes are benign tumours like leiomyoma, endometrial polyp, senile cervicitis, puerperal infection and congenital cervical anomalies. Spontaneous perforation of uterus is an extremely rare complication of pyometra. 50 cases have been reported in English literature. Here we report an additional case of spontaneous uterine rupture.

2. Case Report

A 40 year women presented with high grade fever for 3 days and pain abdomen for 3 days. Neither history of bleeding per vaginum nor any procedure done prior. On examination, she was dehydrated and tachypneic. Abdominal examination revealed diffuse tenderness with

guarding and rigidity. On x - ray abdomen there was air under diaphragm and Computed Tomography there was moderate free fluid noted.

A provisional diagnosis of hollow viscus perforation was made and exploratory laparotomy done. On laparotomy there was about 900 ml of pus present in peritoneal cavity. Stomach, duodenum, small and large bowel and liver, gall bladder were normal. On further exploration, there was a perforation of size 4 cm present in posterior body of uterus with necrotic patches in fundus and upper part of uterus. Intra operative Gynaecologist call over given and Hysterectomy with bilateral salpingo - oophorectomy done as advised. On cut section of the resected uterus there was shaggy necrotic black material present with dilated endometrial cavity. Postoperative recovery of the patient was uneventful. Histopathological study of surgical specimen revealed chronic suppurative endometritis and myometritis associated with perforation.



3. Discussion

Pyometra is common in postmenopausal women and more than 50% all patients of nonruptured pyometra are asymptomatic. The incidence of pyometra becomes much higher with age and decline in activity. Incontinence is additional risk factor.

The incidence report of spontaneous perforation of pyometra is 0.01 - 0.5% in gynaecological patients, however in elderly patients its incidence is 13.6%. The causes of pneumoperitoneum without any GI Tract perforation are perforated pyometra, perforated liver abscess, and ruptured necrotic lesion of liver metastasis.

In conclusion the diagnosis of spontaneous perforation of pyometra is rarely made preoperatively and the possibility of a perforated pyometra should therefore be considered when elderly women suffer from acute abdominal pain. Their management often difficult and hysterectomy and bilateral salpingo - oophorectomy may be the best choice procedure in these patients.

References:

- [1] Hansen PT, Lindholt J. Spontaneously perforated pyometra. A differential diagnosis in acute abdomen. *Ann Chir Gynaecol.*1985; 74 (6): 294–295.
- [2] Iwase F, Shimizu H, Koike H, et al. Spontaneously perforated pyometra presenting as diffuse peritonitis in older females at nursing homes. *J Am Geriatr Soc.*2001; 49 (1): 95–96. doi: 10.1046/j.1532 - 5415.2001.49017.x.
- [3] Sawabe M, Takubo K, Esaki Y, et al. Spontaneous uterine perforation as a serious complication of pyometra in elderly females. *Aust NZ J Obstet Gynaecol.*1995; 35 (1): 87–91. doi: 10.1111/j.1479 - 828X.1995. tb01840. x.
- [4] Omori H, Asahi H, Inoue Y, et al. Pneumoperitoneum without perforation of the gastrointestinal tract. *Dig Surg.*2003; 20: 334–338. doi: 10.1159/000071762.
- [5] Nakao A, Mimura H, Fujisawa K, et al. Generalized peritonitis due to spontaneously perforated pyometra presenting as pneumoperitoneum: report of a case. *Surg Today.*2000; 30 (5): 454–457. doi: 10.1007/s005950050624.