

A Case of Uterine Scar Rupture in a 20 Weeks 4 Days Pregnancy

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Abstract: This is an unusual case of uterine rupture in 20weeks 4days pregnancy in previous two caesarean sections. Last child birth was 11 months back..A 26 yrs old woman presented to OPD in SBMCH with lactational amenorrhea and excessive bleeding PV and right side lower abdominal pain for 1 day.UPT was positive, dating scan not done. She came with history of MTP done a day before at private hospital (Total 800mcg of misoprostol). Ultrasound was done- 20weeks 4days gestation was present with no cardiac activity-? abdominal. Laprotomy was done and T shaped uterine rupture was seen with sac protruding out of it. Fetus was removed and uterine repair was done along with sterilisation.

1. Introduction

Uterine rupture is rare and often catastrophic complication with a high incidence of fetal and maternal morbidity. The initial signs and symptoms are non specific, which makes the diagnosis difficult and sometimes delay in treatment.

2. Case Report

A 26yrs old Mrs. Kowsalya,married for 5yrs. P2L2 previous 2 lscs presented to SBMCH OPD with lactational amenorrhea , UPT + and dating scan not done came with complaints of excessive bleeding and right sided abdominal pain for 1day. She is case of prev. 2lscs, not sterilised last child birth 11 months back. Lmp was not known (?2/10/17,had bleeding for a day) according to which she was 14weeks 5days. She went to one private hospital for MTP. There she was given 400 mcg misoprostol orally and 400mcg misoprostol kept vaginally. Following which she had excessive bleeding p/v for 1 day. She changed 20 pads fully soaked associated with clots and right sided abdominal pain.

On general examination patient moderately built and well nourished hemodynamically unstable with bp-90/60mmhg and pulse rate-120/min

Temp- normal,mild pallor ++,no pedal edema,cvs-s1s2+,rs-nvbs+

p/a- diffuse tenderness + over abdomen.

p/v- anterior fornix fullness+, cervix pushed posteriorly.

Our provisional diagnosis was- ectopic pregnancy

Her investigations included- All routine investigations- USG

3. Ultrasound Pelvis Report

LMP-unknown

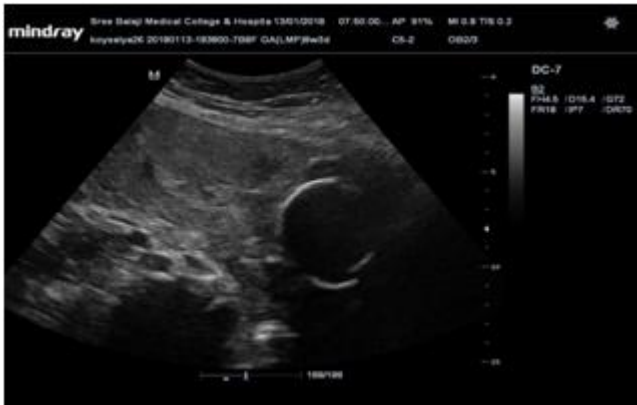
- Uterus seen separately adherent to anterior abdominal wall more towards left side seen
- Gestation corresponding to 20weeks and 4days according to femur length. No cardiac activity demonstrated- abdominal/intrauterine.

Distortion of head circumference and abdominal circumference as well as crumpled of other fetal parts seen, placenta not seen separately. Bladder appears partially distended.

Impression

Fetal demise, abdominal/intrauterine





Exploratory laparotomy was performed- Dense adhesions adherent to rectus sheath and muscle was noted.

- Minimal hemoperitoneum noted
- Dead fetus with intact amniotic sac was seen partially protruding from the rent, remaining fetus with placenta within the uterine cavity.
- T shaped scar rupture noted.
- B/L tubes edematous.
- B/L ovaries normal.
- Fundus and posterior surface of uterus normal.
- Bladder not involved.



Fetus head visible after opening abdomen

On opening the abdominal cavity, dead fetus with intact sac with minimal hemoperitoneum noted. On removing the fetus it was found to be uterine scar rupture, T shaped. Scar rent repair with sterilisation done.

1unit blood was transfused.

The patient recovered well with no postoperative complications. She was discharged, and was asked to be regular for a follow-up.



Fetus



Uterine scar rupture T Shaped



Rent Repair

4. Discussion

Uterine rupture is one of the most dreaded complications with potentially grave consequences to the mother and fetus. Causes: The two most important causes of uterine rupture are:

- Partial/complete rupture of previous caesarean section scar.
- Obstructed labour.

According to studies: Uterine rupture increases with the number of previous caesarean sections. Incidence being 0.9-1.8% after two or more caesarean sections as compared to 0.7-0.9% after one caesarean section. Also the rate of rupture is 4.8% when the inter delivery interval is less than 18 months. Rupture uterus rate also increases with use of prostaglandins (misoprostol). The patient had previous two caesarean sections last being 11 months back and she was also given total 800mcg of misoprostol (400mcgs orally and 400mcgs kept p/v).

5. Conclusion

Uterine rupture should be considered in the differential diagnosis in pregnant women presenting with the acute abdomen. Rupture uterus should be ruled out in a woman presenting with abdominal pain and previous uterine scar. The priority should be given in preserving the uterus in a young patient.

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