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Case Study

Lateral Uterine Wall Rupture with Unusual Presentation: A case report

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ABSTRACT

Introduction: Rupture uterus is a grave and lethal complication of labour in pregnant females. In developing country like India still a major cause of maternal mortality, due to neglected labour in remote areas. We are reporting a case presented to us, a 35 years female grandmultipara, Rh negative, with severe anemia, and bleeding per vaginum with stable vitals in labour. Case Presentation: A 35 years grandmulipara, Rh negative , severe anemia , stable vitals presented with per vaginal bleeding in labour. Patient was complaining of mild abdominal pain and Bleeding PV. Fetal heart rate could not be localized. In view of, Increasing abdominal distension and positive paracentesis, laparotomy done. Diagnosis of uterine rupture was made. Conclusion: In this modern medical era, prenatal check-up and advanced diagnostics facilities can prevent this lethal complication. Rupture uterus cases are observed due to either carelessness of the patient or negligence of the doctor.

Key words: Rupture uterus, Fetal death, Haemoperitoneum.

1. INTRODUCTION

Uterine rupture during labour is a well documented complication. In India it is still accounts for 5-10% of all maternal death[1], perinatal mortality ranges from 80 to 95 %. Uterine rupture occurs in 1:200 to 1:3000 deliveries [2]. In developing countries, The incidence is high due to greater number of unbooked obstetrics emergencies from rural areas with poor antenatal care. Majority of the cases occur in multiparous woman and during VBAC. Increase in the incidence of cesarean section deliveries in teaching and referral hospitals[3]

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increases the incidence of uterine rupture is in these days. Here we present a case of 35 yrs old woman, grandmultipara, Rh negative, who had right lateral uterine wall rupture when she was in labour, came to us with complaining of PV bleeding and mild pain in abdomen with severe anaemia with IUD baby.

2. CASE REPORT

A 35 yrs old , Gravida 5, Para 4,Live 4,unbooked patient came to our labour room with 9 month amenorrhoea complaining of bleeding per vaginum with pain in abdomen for 4 hours. On examination her BP was 100/60 mm hg, PR 102/min, RR 22/min with severe degree of pallor. Her uterus was found hard, contracted, tense and there was no relaxation in between the contractions. Because of abnormally contracted uterus fetal part could not be felt and FHS could not be localized. On per vaginal examination cervical dilation was 5-6 cm, with fully effaced cervix, presenting part was vertex and it was on -1 station. Moderate amount of bleeding was present. She had few blood investigations showing her Hb -5.1 gm/dl, blood group was B negative, TLC 24,000/cu mm. she had not taken anti-D injections in her previous deliveries. We made a provisional diagnosis of abruptio-placentae with IUD with septicemia. Her abdominal distension was increasing gradually and paracentesis was positive for haemoperitoneum so we decided to shift her for emergency cesarean section. Patient was operated under general anaesthiesia. On opening her abdomen approximately 1litre of hemoperitoneum was found, baby was dead and it was found inside the uterus not in abdomen but right sided lateral wall of uterus was found ruptured. That ruptured site was bleeding profusely. To control the bleeding first baby was taken out and bilateral internal iliac artery was ligated. After then subtotal hysterectomy was done, complete hemostasis was achieved and patient was shifted to ICU. But unfortunately we could not save her life due to unavailability of Rh negative blood.

3. DISCUSSION

Uterine rupture is the cause of maternal and perinatal mortality and morbidity. Uterine rupture is a defect involving the full thickness of myometrium and uterine serosa. The true incidence of uterine rupture is controversial, mostly because of variation of definition of scar rupture. Definition can range from scar dehiscence or overt uterine rupture with complete fetal extraction. All patients with previous cesarean section should be made aware of importance of antenatal care in all subsequent pregnancy. Woman with previous LSCS and induction of labour are more prone to rupture than those undergoes spontaneous labour[4]. They also require careful antenatal investigations, supervision, proper selection of cases for vaginal delivery, early hospital admission and close supervision during labour[5].

Other high risk factors are grand multipara, uncorrected transverse lie, obstructed labour. Rupture of unscarred uterus appears more frequently in developing countries, possibly related to higher parity, prolonged labour, high frequency of contracted pelvis, as well as frequent lack of access to emergency obstetrical service.

Studies have shown that the greatest risk factor for uterine rupture is the use of oxytocin infusion and as demonstrated in this case is multiparity. Rupture is however rare in multiparous woman in the absence of oxytocin infusion for induction of labour or for the management of dysfunctional labour.

In cases with severe hemorrhage and shock requiring hysterectomy, operative time and exposure to anesthesia are vital factors and a quick subtotal hysterectomy should be resorted too[6].In our case we diagnose rupture uterus timely and managed very well. It was massive right lateral uterine wall rupture and

patient was profusely bleeding. So first we ligated bilateral internal iliac arteries then we proceed for subtotal hysterectomy.Unfortunately we could not saved our patient due to unavailability of B negative blood.

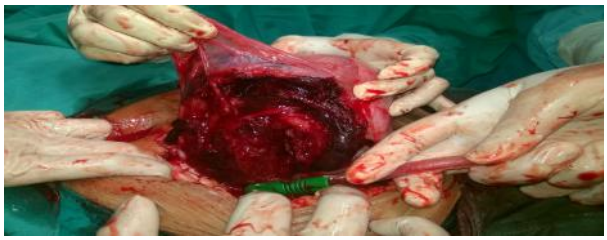

Fig 1:

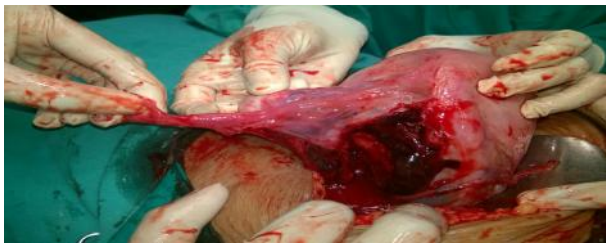

Fig 2:

4. CONCLUSION

In most of cases uterine rupture is due to negligence, so it is a preventable complication of laboring patient. While giving trial of labour to any patient strict monitoring of labour, maintaining partogram and careful watch of vitals of mother and fetal heart rate can prevent this lethal complication. As we get this kind of mismanaged cases from rural areas, early diagnosis and referral should be made, so that we can save the life of mother and baby.

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