

A Case Report of Unusual Site of Uterine Rupture in Pregnancy with Scarred Uterus

Dr. T. Usharani*, Dr. B. Kavitha, Dr.L.Geetha, Dr.G.C.Prabhakar.

Department of Obstetrics & Gynaecology, Mamata General Hospital, Khammam, Telangana, India

*Corresponding Author:

Name: Dr. T. Usharani

Email: mamatakhmm@gmail.com

Abstract: Spontaneous uterine rupture of a scarred uterus of unusual site is a rare complication in pregnancy. We are reporting an unusual case of a multigravida, with multiple (twin) pregnancy and previous caesarean section, who developed sudden, agonizing abdominal pain. At laporatomy incomplete rupture was found in the anterior wall of upper uterine segment with intact previous lower uterine segment caesarean section scar. It may have occurred due to over stretching of uterine muscle. There was no history of trauma or instrumental evacuation or surgery except previous lower uterine caesarean section in first pregnancy.

Keywords: spontaneous rupture, multiple pregnancy, previous LSCS.

INTRODUCTION

Rupture uterus is defined as disruption in the continuity of all layers of the uterus at any time beyond 28weeks of pregnancy if it has happened in early months of pregnancy it is called as perforation. It is life threatening condition for both mother and fetus with mortality rate of 5-15% and fatal loss more than 80% in developing countries. Uterine rupture is classified as a) complete involving the full thickness of uterine wall including over laying peritoneum, b) Incomplete rupture when there is disruption in muscle but peritoneum layer is intact.

Scar dehiscence is incomplete rupture with disruption of part of the scar and fetal membranes are intact. Uterine rupture can occur in scared uterus and very rarely with unscarred uterus [1]. Rupture of unscarred uterus without previous caesarean section from developed countries is extremely low (0.006%) [2]. The classical caesarean section scar in the upper uterine segment is much more prone to rupture where as lower uterine cesarean scar rupture is low 1-2%. Causes of uterine rupture during pregnancy are spontaneous or iatrogenic. Spontaneous rupture may occur in later months of pregnancy and is usually complete, involving the upper segment. Spontaneous rupture occurs in unscarred uterus due to end result of obstructed labor.

It is difficult to diagnosis uterine rupture in unscarred uterus during pregnancy before on set of labor pains as premonitory symptoms and signs are

inconsistent. Early decision is needed for definitive treatment to save mother and fetus.

CASE REPORT

25years old lady was admitted in labor ward with 34weeks pregnancy with complaints of excessive pedal edema and facial puffiness. She did not have abdominal pain or headache. As per obstetric history - she was Gravid 3 Para 1, Abortion 1. She underwent caesarean section at term during first pregnancy for severe Oligohydramnios. Her 2nd pregnancy was medically terminated with drugs at 10 weeks of gestation at her request. There was no history of instrumental evacuation.

At admission, her vital signs were stable; Per abdominal examination revealed Pfannanstiel incision scar on the supra pubic region. Uterus was over distended with multiple fetal parts- Twins.. Uterus was not acting. Both fetal heart sounds were heard. Ultrasound was done to confirm twin pregnancy of 35wks 5 days of gestational age. First baby was breech presentation and second one was transverse lie with mild hydramnios. She was kept on observation for further evaluation. On second day of admission she complained of sudden severe, abdominal pain. On examination she was anxious, vital signs were stable. Uterine contour was intact, and not acting and there was no uterine scar tenderness. But diffuse tenderness was present all over the abdomen. Both fetal heart sounds were heard. Per vaginal examination was done. She was not in labor. In view of severe, agonizing abdominal pain and lower segment caesarean scar she

was posted for Laparotomy. Abdomen was opened through previous pfannanstiel incision

INTRA OPERATIVE FINDINGS

There was haemoperitoneum of 500ml. Previous uterine scar was intact as shown in Figure-1. Repeat caesarean section was done. First baby was delivered by breech Extraction. Second baby was also delivered by breech extraction. Exploration of uterus

was done. There was an irregular laceration of 5x6 cms on the right side of the anterior wall of the upper uterine segment as seen in Figure-2 & 3, which was bleeding. Uterine cavity was intact. Laceration was closed in two layers. Caesarean incision was closed. Tubal ligation was done at the request of the patient. She was stable, and post-operative period was uneventful.



Fig-1: Previous Uterine Scar Was Intact And Defining The Uv Fold.

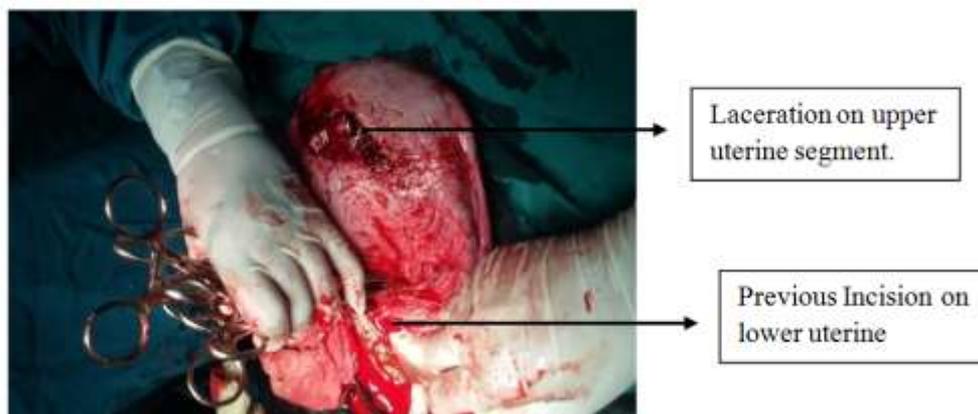


Fig-2 : Laceration over the right anterior wall of upper uterine segment.

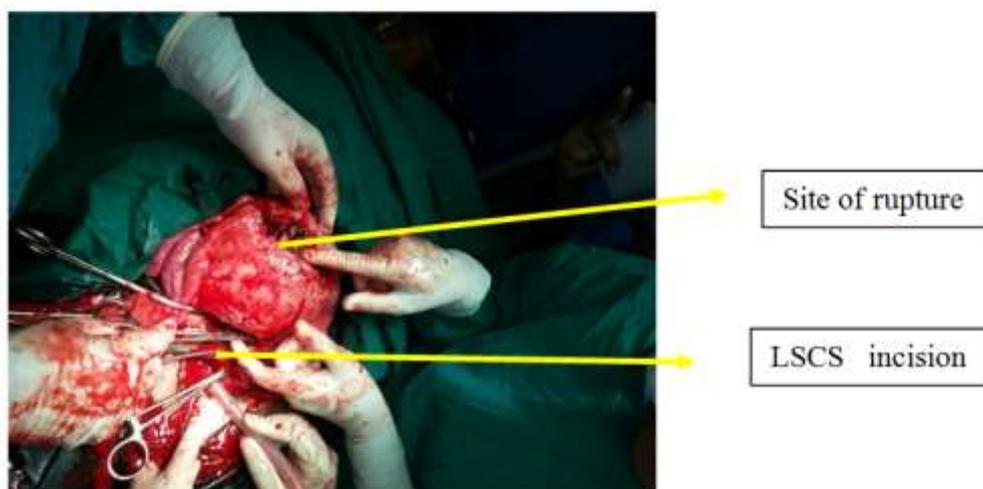


Fig-3: LSCS incision separate from site of rupture

DISCUSSION

Uterine rupture is common in developing countries like India. In a retrospective case study of rupture of uterus in All India institute of medical sciences (2009) rate of rupture was 0.6% to 250 per 1000 deliveries [3]. It may be due to limited health facilities, poor antenatal care, and multiparity. The unscarred uterine rupture is very rare during pregnancy if there is no history of injudicious use of oxytocin and prostaglandins for induction of abortion or labor or forcible external version, fall or blow to abdomen. In this case study there was no such history.

A 10 year Irish study by Gardiel et al showed that overall rate of unscarred uterine rupture during pregnancy was 1 per 30,764 deliveries (0.0033%). No cases of uterine rupture occurred among 21998 primigravida and only 2 (0.0051%) occurred among 39529 multigravida with no uterine scar [4]. There was a case report of ruptured uterus in primigravida before onset of labour [5]. Many authors have considered multiparity as a risk factor for spontaneous uterine rupture due to thin uterine wall. Schrinisky and Benson found that in 7 Of 22 women (32%) who had unscarred uterine rurture had a parity of more than 4 [6]. Golan et al noted that in 19 of 61 cases (31%),uterine rurture occurred in women with parity more than 5 [7]. In a study by Mokgokong and Marivate, the mean parity for women who had pregnancy related uterine rupture was 4 [8]. Gardeil et al found only two women with uterine rupture among 39529 multigravida who had no previous uterine scar (0.005%). In above case study the patient was also multigravida(gravida-3).

There was a report of rupture of unscarred uterus in quadruplet pregnancy [9], rupture was due to over distension. Similarly in above case study there was over distension of gravid uterus due to twin pregnancy along with polyhydramnios. Majority of the caesarean sections are lower uterine segment sections with transverse incision on the uterus which have low risk

for rupture in subsequent pregnancy. Scar rupture can occur during trial of labour [10]. Usually rupture can occur at the site of scar but in above case previous LSCS scar was intact and rupture site was at unscarred portion of upper uterine segment. This may be due to multiparty and over distension of the uterus. There was a similar case reported of uterine rupture that has occurred on the unscarred portion of uterus [11]. The symptoms and sign of uterine rupture are inconstant especially during pregnancy before onset of labor. Any pregnant lady who complains of severe pain should be evaluated properly and take early decision to save the mother and baby.

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