

EP06.02 Critical role of ultrasound in diagnosing spontaneous uterine rupture

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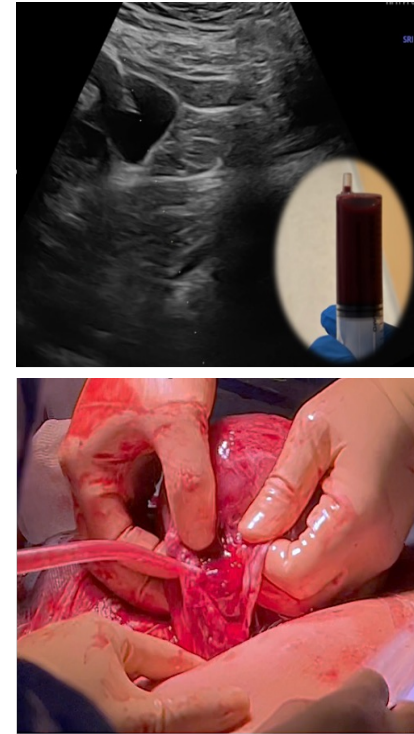
A 32-year-old primigravida at 31 weeks and 2 days presented with sudden abdominal pain, which partially resolved after two hours. She reported recent episodes of diarrhea and vomiting. Her medical history included laparoscopic myomectomy for a transmural postero-fundal fibroid, appendectomy, and tonsillectomy. The pregnancy was spontaneously conceived and had been uneventful until presentation

Clinical and Ultrasound assessment

The patient exhibited right lateral quadrant tenderness with a mild Blumberg's sign, while cardiotocography was reassuring. Ultrasound confirmed a viable fetus with a normal biophysical profile, but also revealed anechoic free fluid in the paracolic gutters, Douglas pouch, and minimally in Morrison's pouch. Ultrasound-guided aspiration confirmed hematic fluid, strongly suggesting uterine rupture

Surgical findings

An emergency caesarean section with exploratory laparotomy revealed both intra-abdominal and intrauterine hemorrhage. A healthy newborn was delivered with normal umbilical artery pH and Apgar scores of 6, 7, and 10. Uterine exteriorization identified a rupture involving the left utero-ovarian ligament and adjacent myometrium, which was successfully repaired. The patient had an uneventful recovery, and both mother and newborn were discharged in good condition.



Spontaneous uterine rupture outside labor is rare but potentially life-threatening. Ultrasound plays a critical role in detecting free fluid, assessing fetal well-being, and guiding timely, lifesaving intervention