

Uterine Rupture at 14 weeks – A case report of a rare obstetric emergency

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Background

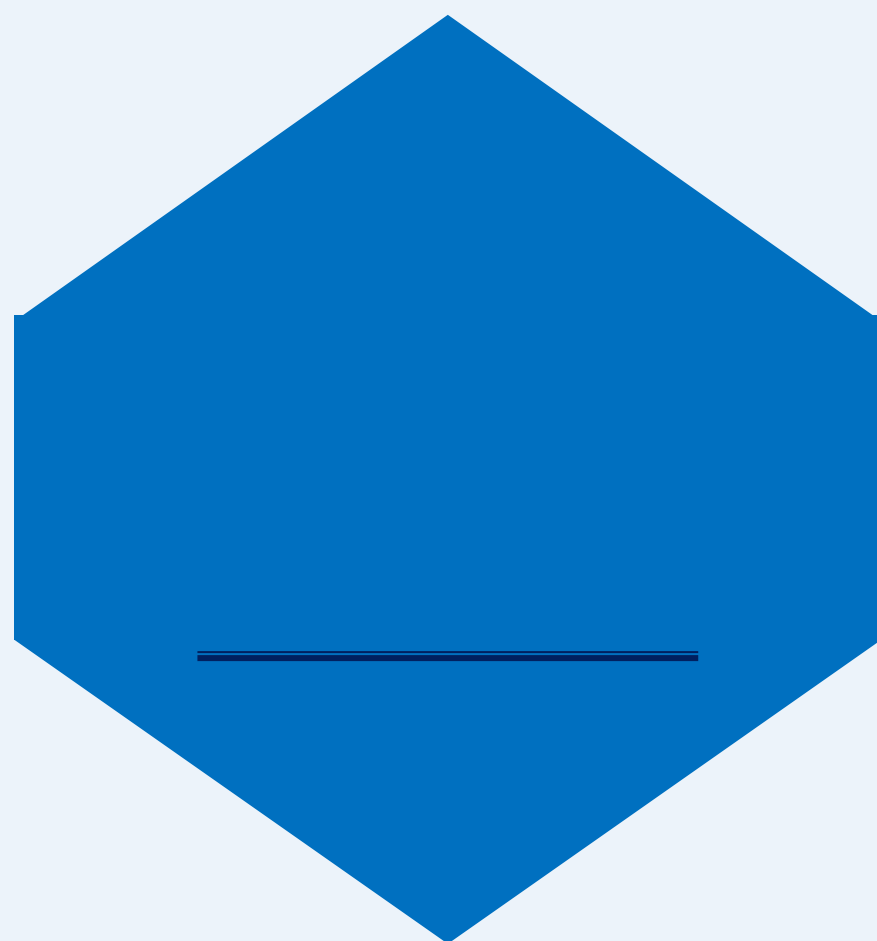
Uterine rupture is rare in the second trimester, especially in the non-labouring state. It can be life threatening if not recognized early and needs timely intervention. We present the case of uterine rupture at 14 weeks.

Case Report

History

- 34 year old female
- Currently 14⁺⁵ weeks in 5th pregnancy
- G5P2⁺² : one termination, one uncomplicated vaginal delivery, another termination (surgically managed) and an emergency caesarean section for uterine rupture at the fundus.
- Presenting complaint: Sudden onset abdominal pain and vaginal bleeding with shoulder tip pain

Examination



- Abdomen distended
- Generalised marked tenderness with guarding and rebound tenderness
- Pfannesntiel incision from previous caesarean
- Observations stable and apyrexial

Investigations

- Ultrasound scan showed a 57-mm solid homogenous mass next to the uterus and free fluid with deepest pool of 7 cm, viable intrauterine pregnancy
- Bloods – Hb 75, rapidly dropping
- Decision to thus go to theatre for urgent diagnostic laparoscopy and proceed
- Findings at laparoscopy: Significant haemoperitoneum and 6 cm defect on the fundus of the uterus with placental tissue protruding through

Management

- Confirmed uterine rupture- Conversion to laparotomy
- Repair of uterine defect and the removal of pregnancy
- Total estimated blood loss: 3 litres
- Admission to intensive care
- Post-op ileus that resolved
- Discharge on day 7 post-operatively



Significant haemoperitoneum at laparoscopy



Uterine defect at fundus with placental tissue protruding through

Conclusion

Uterine rupture occurs in just 2 in 10,000 [1] pregnancies in the UK. Our patient had one major risk factor: a previous uterine rupture - which could have occurred due to possible undiagnosed uterine perforation at the surgical termination. Limited studies show that the recurrence rate of uterine rupture is 5% [2]. There is no clear guidance on how to manage a future pregnancy in someone who has had a midtrimester uterine rupture - the patient has been counselled that a future pregnancy is likely to be extremely hazardous.

References

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2. Fox, N.S. (2019). *Pregnancy Outcomes in Patients with Prior Uterine Rupture or Dehiscence*. *Obstetrics & Gynecology*, 135(1), pp.211–212.

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