

DIAGNOSTIC DILEMMAS AND CHALLENGES IN RUPTURE GRAVID UTERUS – CASE REPORT

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Introduction

Uterine rupture is a full thickness separation of uterine wall and overlying serosa , whereas in dehiscence serosa is spared . It is a rare peripartum complication associated with significant maternal and neonatal morbidity and mortality . Risk factors being scarred uterus , grand multiparity , neglected labour, malpresentation, breech extraction and uterine instrumentation . Overall incidence of uterine rupture in developed countries is around 74/10000 and higher (1 in 106) in developing countries

Objective

To convey significance of clinical vigilance and high index of suspicion in preventing mortality and minimising morbidity

Case report 1

28 years old G3p2l2 , previous 2 caesarian sections with term gestation admitted for elective LSCS , vitally stable and no complaints but noted having hematuria, no uterine contractions/scar tenderness , CTG equivocal. Patient was prompted for emergency caesarean delivery and scar dehiscence noted (along with anterior uterine segment adhesions) scar give away extending to bladder , newborn with APGAR 6/10 , repairing sutures taken , adequate blood transfused , Foleys catheterisation for 2 weeks and postoperative period uneventful .

Case report 2

24 years , G2P1L1 , previous vaginal delivery , with 16 weeks intrauterine fetal demise (outside scan) was opted for medical termination with misoprostol with poor cervical response for 30 hrs . Per vaginal examination abnormal findings prompted a repeat scan , showed abortus lying outside uterine cavity , patient posted for emergency laparotomy . Abortus taken out , uterine rent sutured , laminaria tent found intraperitoneally (history of its use was not narrated in history) Patient was hemodynamically stable all throughout the course , supported with blood transfusion and uterus was conserved .

Discussion

Thorough history taking , clinical examination , vigilance , timely investigations and interventions play vital role in apt diagnosis and successful management hence contributing reduction in maternal morbidity and mortality .

Conclusion

Though uterine rupture is a clinically catastrophic event , not necessarily it always presents with maternal or fetal parameter deterioration . It then