

A Case of Uterine Rupture following Open Myomectomy leading to Maternal Cardiac Arrest



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Objective: Uterine rupture during pregnancy is a rare but serious complication. We present a case of a lady with a history of open myomectomy and sustained uterine rupture during third trimester of pregnancy leading to maternal cardiac arrest at her caesarean section.

Case Report:

36 years old primigravida at 34-week pregnancy presented with abdominal pain and mildly palpable tightening. She had a background history of open myomectomy overseas. Soon after admission she started feeling unwell with chest pain and became haemodynamically unstable. Peri arrest call and resuscitation was initiated. Bedside cardiac echocardiography was normal. Abdomen was soft and ultrasound showed live baby with cephalic presentation. Internal examination confirmed not being in labour. Although her blood pressure responded to initial resuscitation, we suspected intra-abdominal bleeding as possible differential and performed an emergency caesarean section.

The patient had cardiac arrest at the time of caesarean section and CPR was initiated. We delivered a live baby and identified 5 cm long posterior uterine wall rupture which was repaired separately. She lost about 5 Litre blood which was managed as per massive obstetric haemorrhage protocol. She had subsequent ITU care and was thoroughly debriefed. Both the mother and baby did not have any long- term sequelae.

Discussion:

In developed countries, uterine rupture is almost exclusively observed following a previous caesarean section or previous surgery on the uterus, including myomectomy. There should be high index of suspicion for silent uterine rupture during antenatal period in cases of previous myomectomy. Occasionally presentation may be similar to pregnancies with previous classical caesarean section as in our case .This lady had silent 5 cm posterior uterine wall rupture at 34 weeks without being in labour. Prompt involvement of the multidisciplinary team including senior obstetricians, anaesthetist, surgical, medical, haematology and critical care team were crucial in her care.

Conclusions:

Uterine rupture after myomectomy is a complication that is difficult to predict. Pregnancy in these women should be carefully monitored with adequate counselling. As majority of myomectomies are done in the corporeal part of the womb, most uterine ruptures occur during pregnancy as opposed to labour. At the time of myomectomy, the potential risk of uterine rupture in subsequent pregnancy should be explained to women to increase awareness. The role of ultrasonography, or even magnetic resonance imaging, probably in the third trimester, could be better studied to evaluate the risk of uterine rupture in these cases.