Posterior uterine wall rupture during labour with intact previous lower segment scar

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Objective

Intrapartum rupture of lower segment cesarean section scar is a well-documented complication during trial of scar. Posterior uterine wall rupture has been described in multiparous women with obstructed labour. However, rupture of posterior uterine wall in women a previous lower segment scar is very rare

Case Report

We present the case of a 30-year-old in her fifth pregnancy with previous vaginal delivery and emergency caesarean section due to antepartum haemorrhage. She had further two first trimester miscarriages with a 1600 ml blood loss during the surgical evacuation procedure.

Her antenatal period was normal and fetal growth was satisfactory. She went into spontaneous onset of labour at 38 weeks of gestation. There was a meconium-stained liquor at early stage and CTG showed abnormal changes. However, due to fetal bradycardia decision was made for an emergency caesarean section. Baby was delivered by emergency lower segment caesarean section. Placenta removed without any problem and no evidence of morbidly adherent of placenta.

We noticed intractable bleeding intraoperatively after closing the wound hence exteriorize the uterus and found midline posterior uterine wall rupture about (6cm in size) vertically extended from middle of the uterus. The cord blood pH and Lactate were 7.22, 7.04 and 3.4, 8.2 respectively. There was not any obvious uterine anomalies or other pelvic pathology was noted. The blood loss during the surgery was 1200 ml and she made unremarkable recovery.

Discussion

There are various hypotheses for rupture in an unusual sites such as grand multiparity, uterine anomalies, arteriovenous malformations, endometritis, morbidly adherent placenta, uterine diverticula, Ehlers-Danlos syndrome and precipitous labor. In our case main risk factors were the multiparity, previous LSCS and possibility minor scaring due to suction evacuation

In the literature showed the first sign of posterior uterine rupture was a pathological CTG(. 55–87%).

Other recognised signs were loss of station of presenting part and new inefficient contractility however, these are late signs

Conclusions

This is extremely rare and unpredictable case of posterior wall uterine rupture occurring in the presence of an intact previous lower segment caesarean section scar

Women with unexplained bleeding after closure of lower segment at caesarean section should have a through exploration of the entire uterus, which may be facilitated by exteriorization to detect rupture at atypical sites