

Spontaneous and complete uterine scar rupture occurred 26 days after caesarean section: A case report

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INTRODUCTION

Rupture of lower uterine segment incision at post-partum is an extremely rare clinical condition and difficult to diagnose clinically.

A high index of suspicion together with radiological modality are essential to aid the diagnosis.

Management of such rare incidence depends on multiple factors.

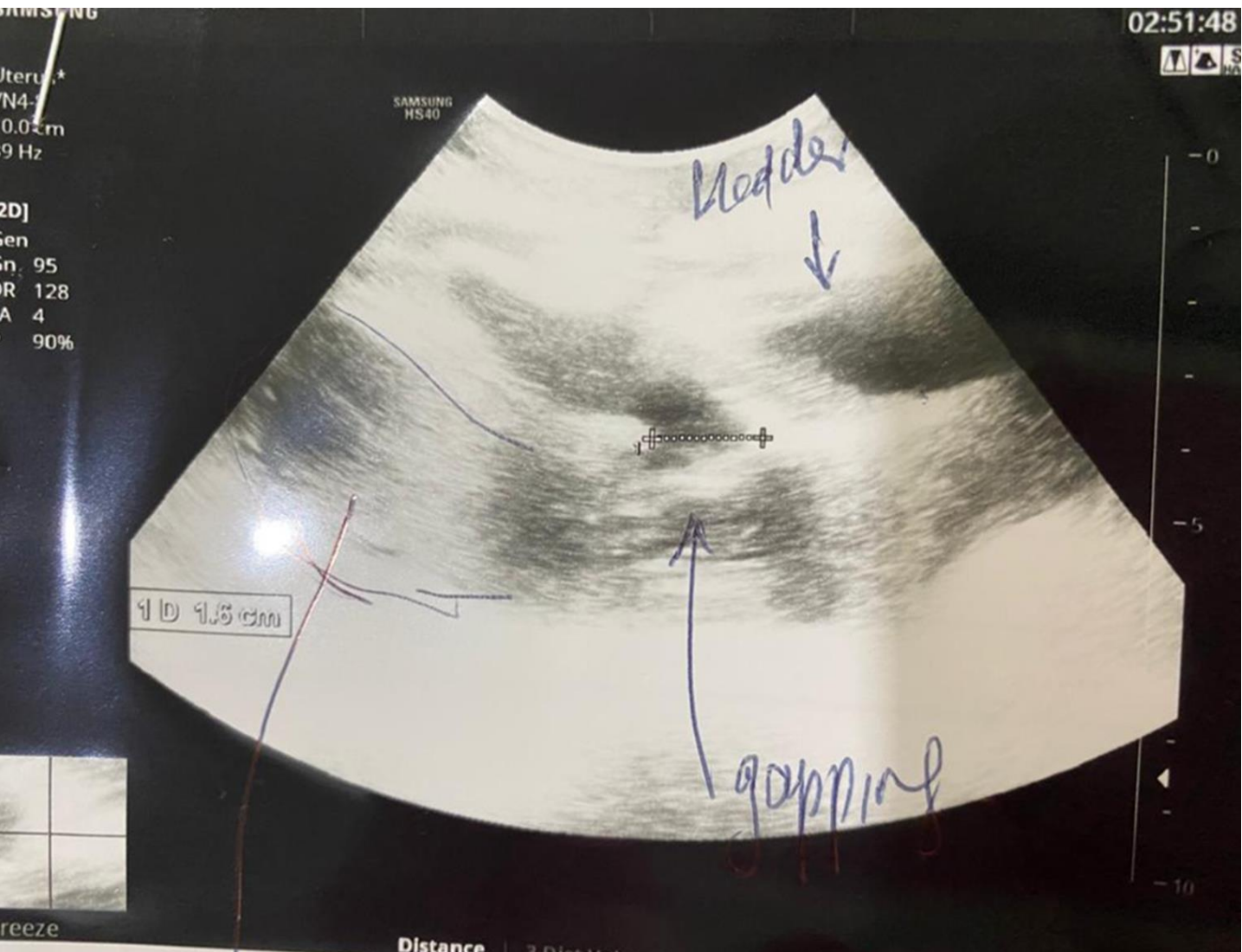
CASE REPORT

This patient is a 25-year-old primiparous woman who underwent full dilatation emergency caesarean section at 40 weeks gestation.

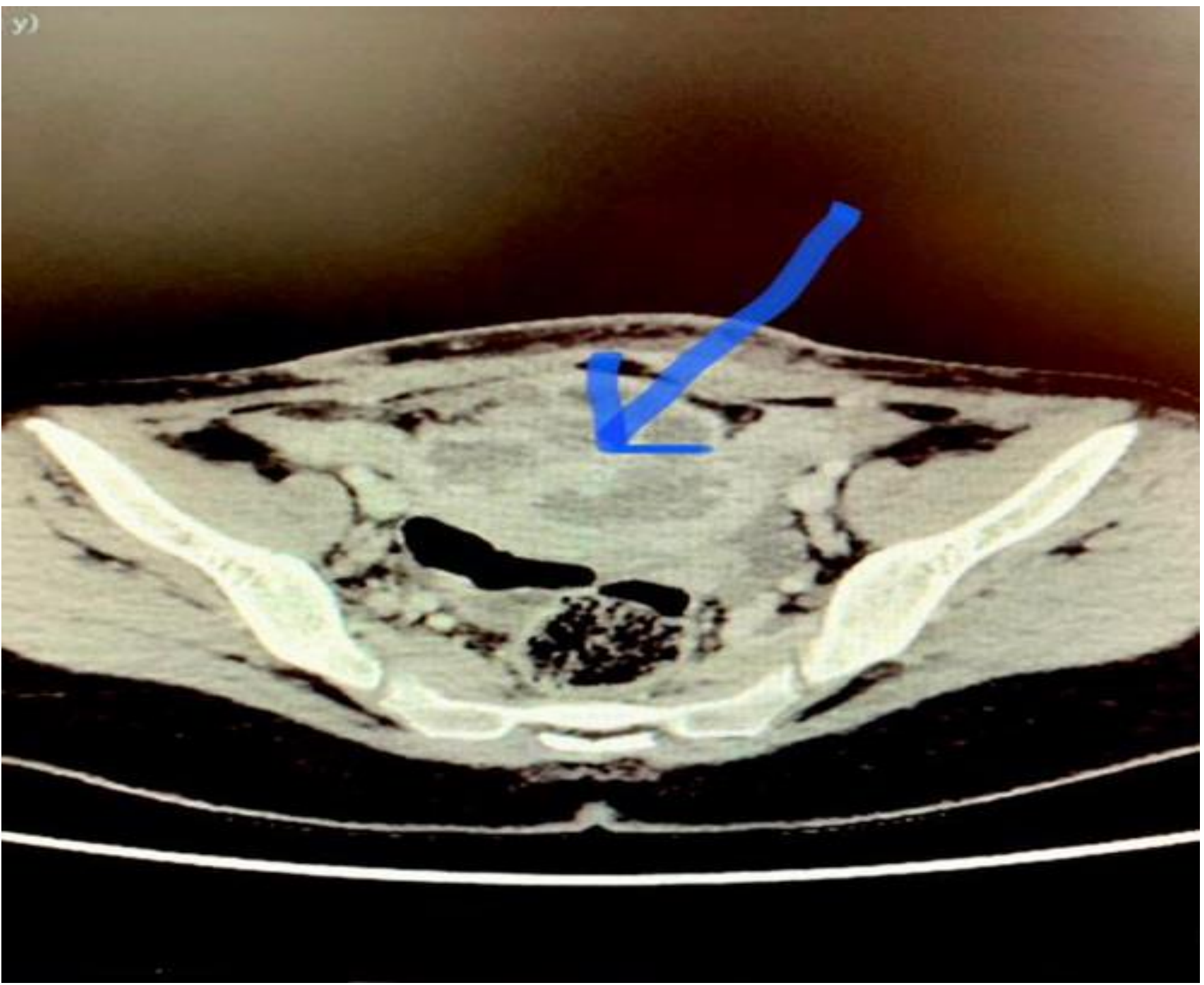
Her caesarean section was complicated with bilateral extended uterine tear, extending to the broad ligaments. On the Day 26 postpartum, she presented with lower abdominal pain and offensive discharge. She had no clinical evidence of sepsis.

Her MEOWS chart was within normal values. Uterus was contracted well at 16 weeks. Vaginal examination revealed copious amount of yellowish vaginal discharge, and draining from the os.

A pelvic ultrasound showed irregular and hyperechoic mass above the uterine incision. The mass appeared like haematoma measuring 4.1x 6.7x7.0cm.



INVESTIGATION



Computerized Tomography was carried out, which also reported the same finding and a possibility of caesarean scar rupture with blood or abscess collection.

The hemoglobin concentration was 10.9 g/L, the total white blood cell was 9.0×10^9 /L. No growth detected from her high vaginal swab. Histology report suggest acute on chronic inflammation with granulation tissue formation.

As the patient was young and primiparous, a decision was made to perform an exploratory laparotomy and repair of the ruptured uterine defect.

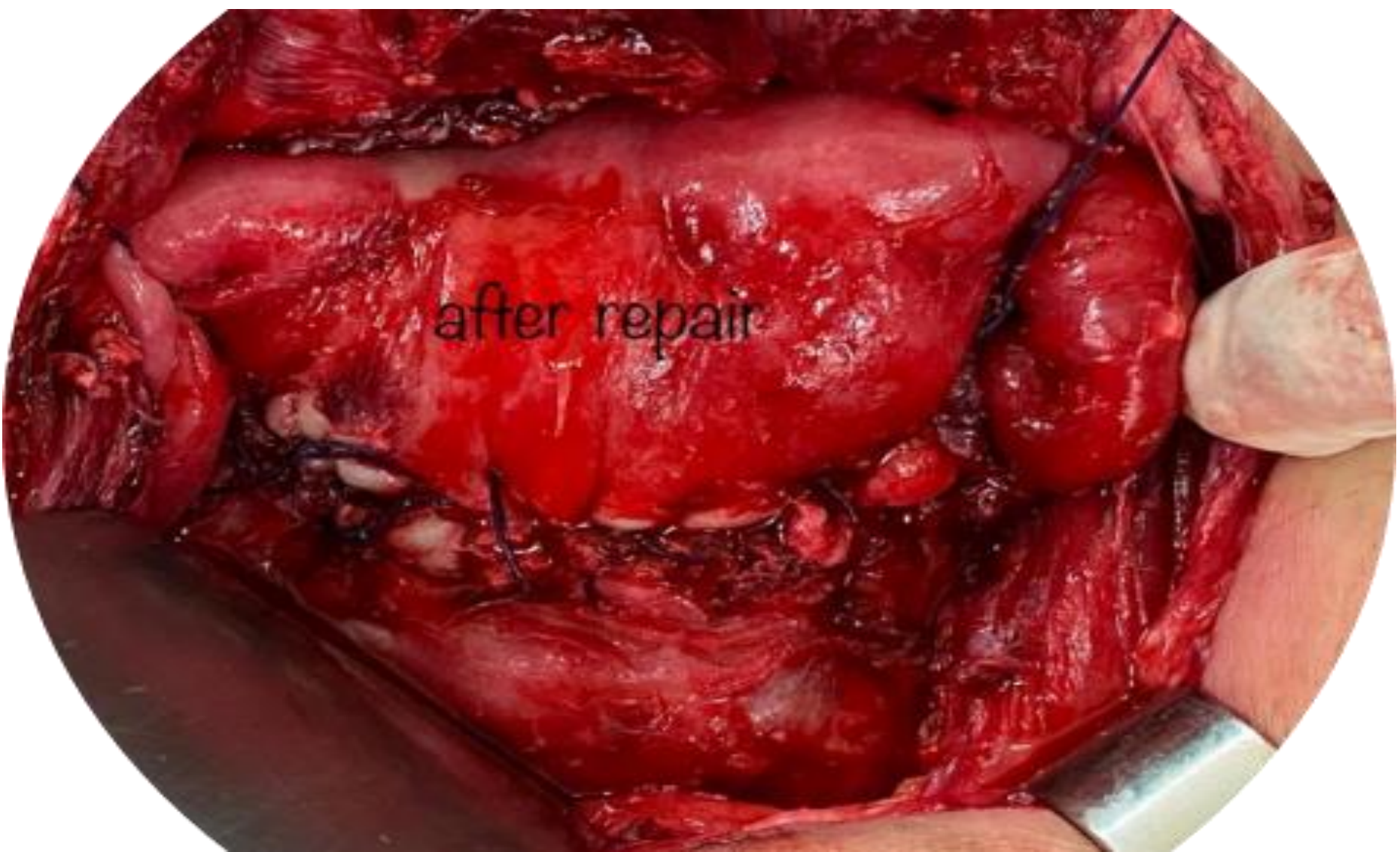
At laparotomy, there was minimal pus in peritoneum. There was a complete scar rupture of the lower segment uterine incision. The margins of the incision were unhealthy, with some collection of blood and pus. The scar was debrided until a fresh layer of uterine wall.

Uterine defect margins were refashioned and approximated in 2 layers with continuous closure and interrupted suture respectively using polyglactin suture material size 1.

INTRAOPERATIVE FINDINGS



The patient's postoperative course was uneventful and she received broad spectrum antibiotics for 14 days. She was discharged well on the 3rd day postoperatively and remained well thereafter. She was reviewed 6 weeks after the laparotomy. The abdominal wound has healed well. A repeat pelvic Ultrasound revealed well define uterine margins



DISCUSSION

The incidence of post-partum uterine scar dehiscence or rupture is between 0.6% - 3.8%¹ . This case report shows that it is important to have high index of suspicion to exclude uterine dehiscence or rupture in patients who present with localized tenderness or even pelvic haematoma or abscess. Risk factors for lower segment uterine incision rupture during the post-partum period are advance age, multiparity, diabetes, immune compromised, wound infection and hematoma.

Ultrasound is the commonly used imaging modality to help the diagnosis. Other imaging modality that we can use to aid our diagnosis is computed tomography (CT) and magnetic resonance imaging (MRI).

Management of these patient's will depend on the clinical situation taking into account the haemodynamic stability, the severity of infection and patient future reproductive potentials. The management includes conservative or surgical management.

The consequence of this complication for a future pregnancy remains unknown. Mode of delivery in next pregnancy is preferably a repeat caesarean section.

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