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Objective

We report an unusual case of early gravid uterus rupture in the absence of a previous Caesarean section scar, uterine anomaly, underlying connective tissue disorder or any major medical comorbidities. We share learning points regarding the need for a high index of suspicion for uterine rupture in case of maternal collapse regardless of gestational age.

Case Report

- A 39 year old nulliparous woman, with a history of two surgical terminations of pregnancy (STOP), attended for a routine nuchal scan confirming intra-uterine pregnancy (IUP) at 14+1 weeks gestation with no adverse features. She had no previous comorbidities.
- She presented later to the emergency department (ED) the same day, reporting abdominal pain, vomiting and had an unexplained syncopal episode. She was hypotensive without tachycardia and had no visible vaginal bleeding.
- A maternal collapse call was made by ED team. A repeat bedside ultrasound confirmed IUP, now without a foetal heartbeat, and free pelvic fluid suspicious for intra-abdominal haemorrhage.
- The patient was immediately taken for an emergency midline infra-umbilical laparotomy, with the surgical team on stand-by. This found a large haemoperitoneum from a posterior uterine rupture with the placenta in the abdominal cavity and foetus near the liver.

- The total blood loss was three litres and managed successfully with uterine repair and appropriate blood products support. The patient made an uneventful recovery with an unfortunate foetal loss

Discussion

The prevalence of spontaneous uterine rupture in women without a previous caesarean section is reported as 0.006%. The majority of ruptures occur in the third trimester. Our patient had no previous Caesarean section or myomectomy scar but had undergone two previous STOPS. The nuchal scan that day showing a live intrauterine pregnancy was not congruent with the reality of a ruptured uterus. A maternal collapse call and transfer to theatre, with all surgical causes kept in the differential diagnosis, was the safest management option.

Learnings

This case posed a diagnostic challenge, as normal scan findings can offer a false sense of reassurance. The absence of a previous Caesarean section, no known uterine perforation during STOP, no uterine anomaly or connective tissue disorder also offer a false sense of security.

Senior review, an early maternal collapse call and multidisciplinary co-ordination ensured timely management of this patient. Despite a three litres blood loss, the patient made a swift recovery. Therefore, it is imperative to consider uterine rupture as the cause of collapse in any pregnant woman regardless of gestational age or risk factor profile.