

Antenatal Chronic Perforation of Uterine Fundus

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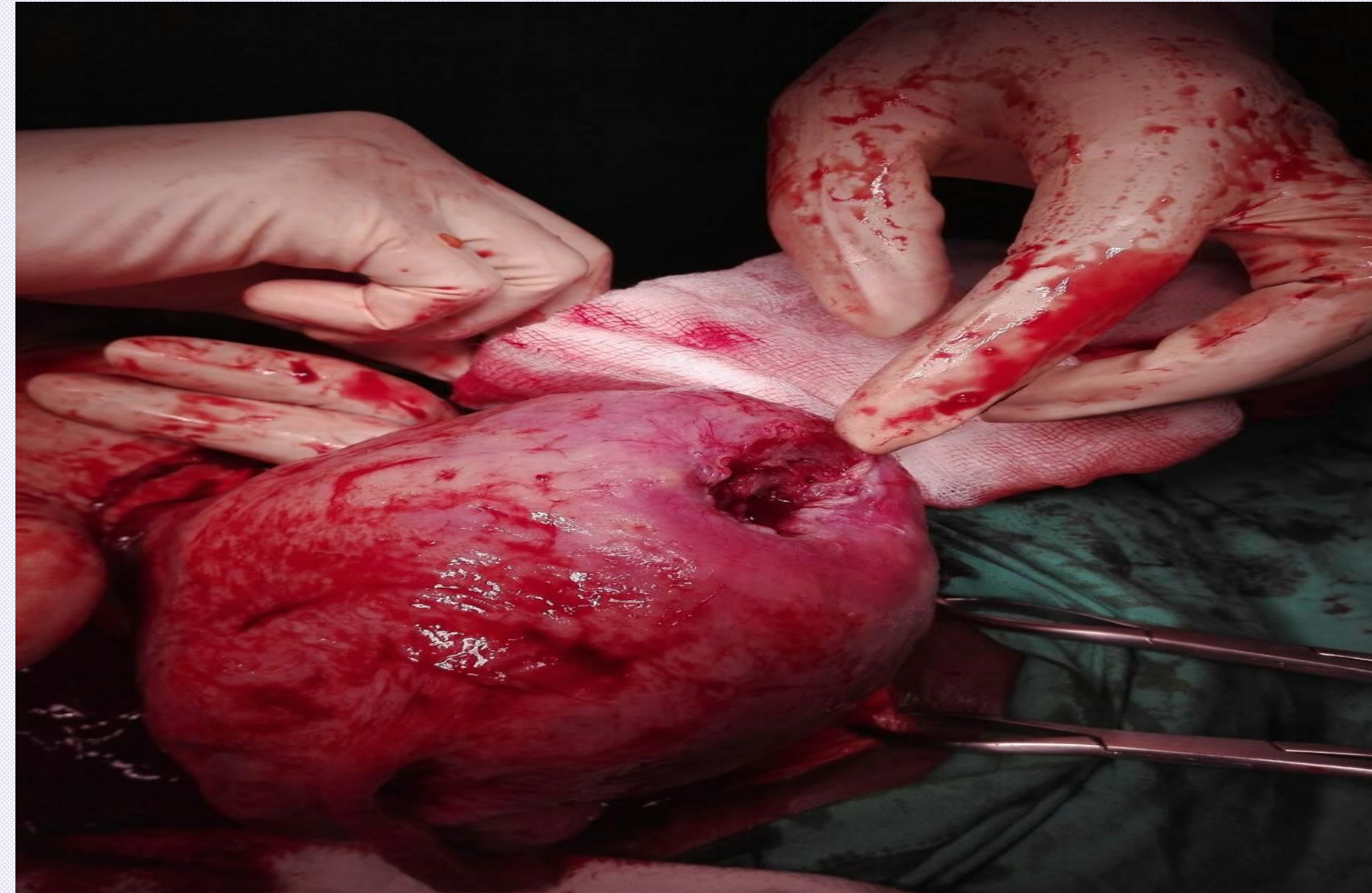
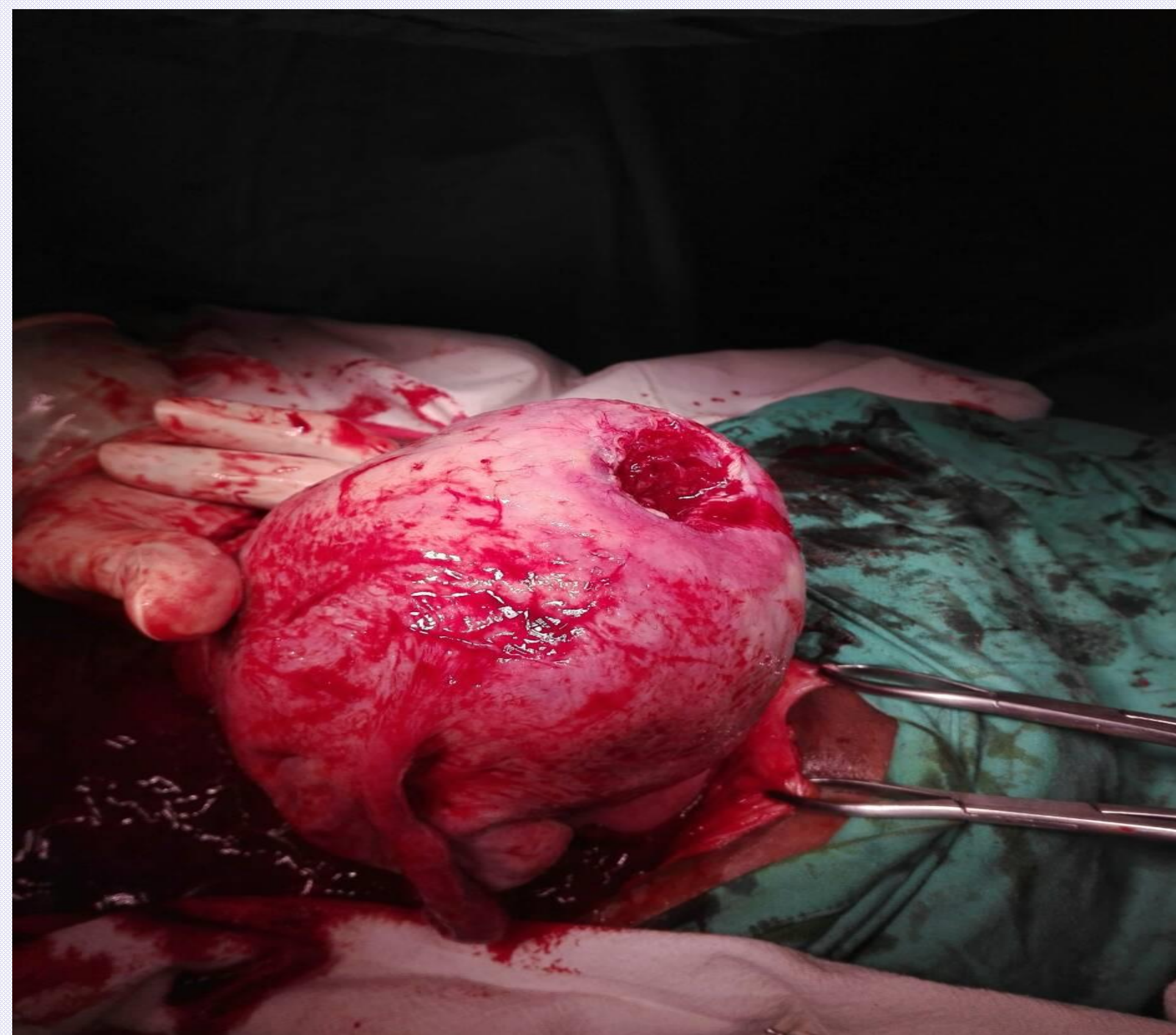
Introduction

Antenatal or intrapartum perforation or rupture of uterine fundus is rare as uterine fundus is formed of thick muscle layers. If it occurs, it is usually associated with a previous scar.

We present a case of perforation of intact wall of uterine fundus with protrusion of fetal arm causing a diagnostic dilemma.

Case Summary

A 33 year old multigravida (para 3) presented at 34 weeks of gestation with severe upper abdominal pain for 3 days. Pain increased significantly and became unbearable with fetal movement. Pain scored 7 out of 10. She had no vaginal bleeding. She had no bowel or urinary symptoms. She was hemodynamically stable. She had significant tenderness over the uterine fundus. All her previous deliveries were vaginal and, she never had a surgical procedure related to her uterus.



Investigations and Management

Initial investigations were carried out to exclude abruption and other non pregnant causes of upper abdominal pain. CTG was normal. CRP and WBC was slightly elevated, otherwise she had normal blood tests. Both abdominal and Obstetric ultrasound scans were normal. She stayed in the ward for 3 days. Through out her admission, fetal monitoring was normal. As pain worsened and unrelieved, an MRI was carried out, and revealed a protrusion from uterine fundus with one of the fetal limbs.

Due to the ongoing severe pain, a laparotomy was performed in the view of delivering the baby and finding the cause. At delivery, 6 cm size hole found at the superior aspect of the uterus. Fetal upper limb protruded through the hole with intact membrane. There was no free blood or fluid in the peritoneal cavity. A biopsy was taken from the border of the perforation, which revealed only the changes of chronic inflammation. The perforation was not associated with bleeding, which was closed by few intermittent sutures.

Conclusion

This is a rare cause of chronic uterine perforation with no obvious previous risk factors.