

A rare case report-Mid trimester Uterine rupture in bicornuate uterus

Dr.Janani Karpagavalli Sankar, Basingstoke and North Hampshire Hospital

Mr.Oladotun Ilori-Basingstoke and North Hampshire Hospital

OBJECTIVE-Cornual pregnancy is a diagnostic and therapeutic challenge with potential severe consequences if uterine rupture occurs with following massive intraabdominal bleeding. We report a case of a misdiagnosed ruptured cornual pregnancy occurring at 16 weeks of gestation. Ultrasound examination and computer tomography revealed no sign of abnormal pregnancy. The correct diagnosis was first made at emergency laparotomy. Uterine rupture should be considered in pregnant women presenting with abdominal pain and haemodynamic instability.

- Case Report-A 36 year old G6P5+1 with 2 previous C-Sections presented to the Emergency department with suprapubic pain and having collapsed at home twice .On examination ,Temperature-36.6,BP-90/60 mm Hg ,Heart Rate -120/min .Per Abdominal examination revealed Tenderness on the lower abdomen with minimal guarding. Speculum examination revealed a healthy cervix and no bleeding .On Internal examination ,minimal tenderness noted on cervical excitation. FAST Ultrasound revealed a viable intrauterine gestation with posterior placenta ,No free fluid .4 cm rounded mass was also noted posteriorly to the uterus. Bloods tests were unremarkable. Owing to deteriorating maternal condition and hypovolemic shock, proceeded with CT scan after resuscitation which revealed moderate amount of free fluid in the abdomen and pelvis-Likely to be uterine rupture. Quick and prompt decision made for emergency laparotomy with fluid resuscitation. Intra-operative findings revealed 1.5 litres of Hemoperitoneum with the foetus floating in the abdominal cavity. Two uterine bodies identified with one intact and the gravid one ruptured at the level of fundus. Decision made to conserve uterus and Haemostasis achieved. Post-Operative period was managed with blood transfusion and iv antibiotics. She was counselled about the risk of recurrent uterine rupture in future pregnancies and advised to undergo regular antenatal care
- Discussion -The prevalence of congenital uterine malformations is about 6,7% in the female population Bicornuate uterus is an abnormality with a partial non-fusion of the Müllerian duct . This makes up approximately 3% of the uterine malformations. The malformation in itself is asymptomatic but is associated with an increased rate of reproductive problems including repeated late abortions or miscarriages. The anomaly is often overlooked in routine gynaecological examinations. Uterine rupture is a rare but potentially life-threatening complication of pregnancy, especially in women with a bicornuate uterus. The diagnosis of uterine rupture should be considered in any pregnant woman with acute abdominal pain and vaginal bleeding, especially in those with a history of uterine anomalies. Early diagnosis and prompt surgical intervention are essential for the management of uterine rupture and the prevention of maternal morbidity and mortality.
- Conclusion:
- Uterine rupture is a rare but potentially life-threatening complication of pregnancy, especially in women with a bicornuate uterus. Early diagnosis and prompt surgical intervention are essential for the management of uterine rupture and the prevention of maternal morbidity and mortality. Women with a bicornuate uterus should be counselled about the risk of adverse pregnancy outcomes and advised to undergo regular antenatal care.
- The gold standard is combined laparoscopy and hysteroscopy to differentiate the malformation from other congenital uterine abnormalities. Magnetic resonance imaging (MRI) and 3D ultrasound are considered comparable to laparoscopy/hysteroscopy as less invasive alternatives but still with a high sensitivity
- The diagnosis of anomaly was also exceptionally difficult in this case. However a high index of suspicion of uterine rupture and prompt decision to transfer for an emergency laparotomy aided the diagnosis and management of this critically ill patient .
- References
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