

AN ATYPICAL PRESENTATION OF UTERINE RUPTURE – A CASE REPORT

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Objective

- Uterine rupture (UR) is defined as spontaneous tearing of the uterus that may result in fetus expulsion into the peritoneal cavity.
- Incidence has been reported as 0.03%–0.09%.
- It is associated with maternal and neonatal morbidity of 1% and 6% respectively and hysterectomy in 10% of cases.

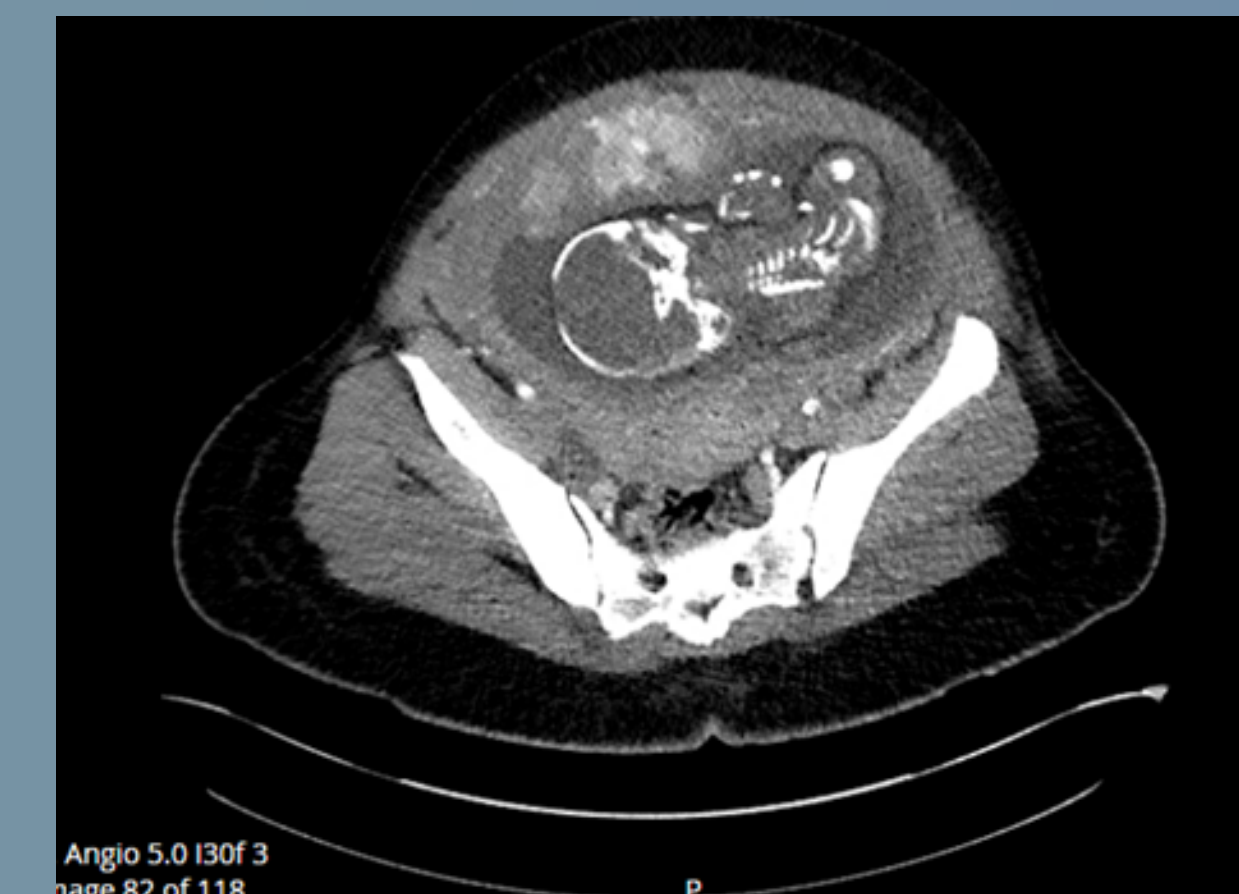
Case Report

- A 33yr old Primigravida arrived at the obstetric unit at 31+5 gestation with severe epigastric pain.
- Past surgical history included myomectomy abroad.
- Assessment revealed maternal tachycardia of 103 with soft abdomen and normal cardiotocograph (CTG). She was admitted for pain management.
- At 31+6, observations deteriorated with increased tachycardia and tachypnoea.
- Senior obstetric review was sought and steroids, magnesium sulphate and Benzylpenicillin commenced in anticipation of preterm delivery.
- The cause of epigastric pain remained unclear.
- A Haemoglobin (Hb) drop was noted from 103 to 83g/L but UR was not suspected due to normal CTG.
- An Ultrasound Abdomen performed suggested ascites. Differential diagnosis of sepsis and pulmonary embolism were considered hence broad-spectrum antibiotics and treatment low molecular weight heparin (LMWH) commenced.
- Observations subsequently improved and the patient was pain free with normal CTG at 32/40.
- However, Hb continued to fall and an internal bleed was suspected.
- CT Angiogram Abdomen was performed which was negative. Decision to deliver via Caesarean was made for suspected UR.
- Blood and adhesions were found on entry to the abdomen with no access to the upper uterus. A live female was delivered via a lower segment incision and on exploration, a complete rupture was found at the uterine fundus with overlying bowel adhesions. Bowel dissection was performed, and repair of the uterus was attempted but due to ongoing haemorrhage of 9 litres total, a hysterectomy was performed.
- Post operatively she recovered well and debrief was done.

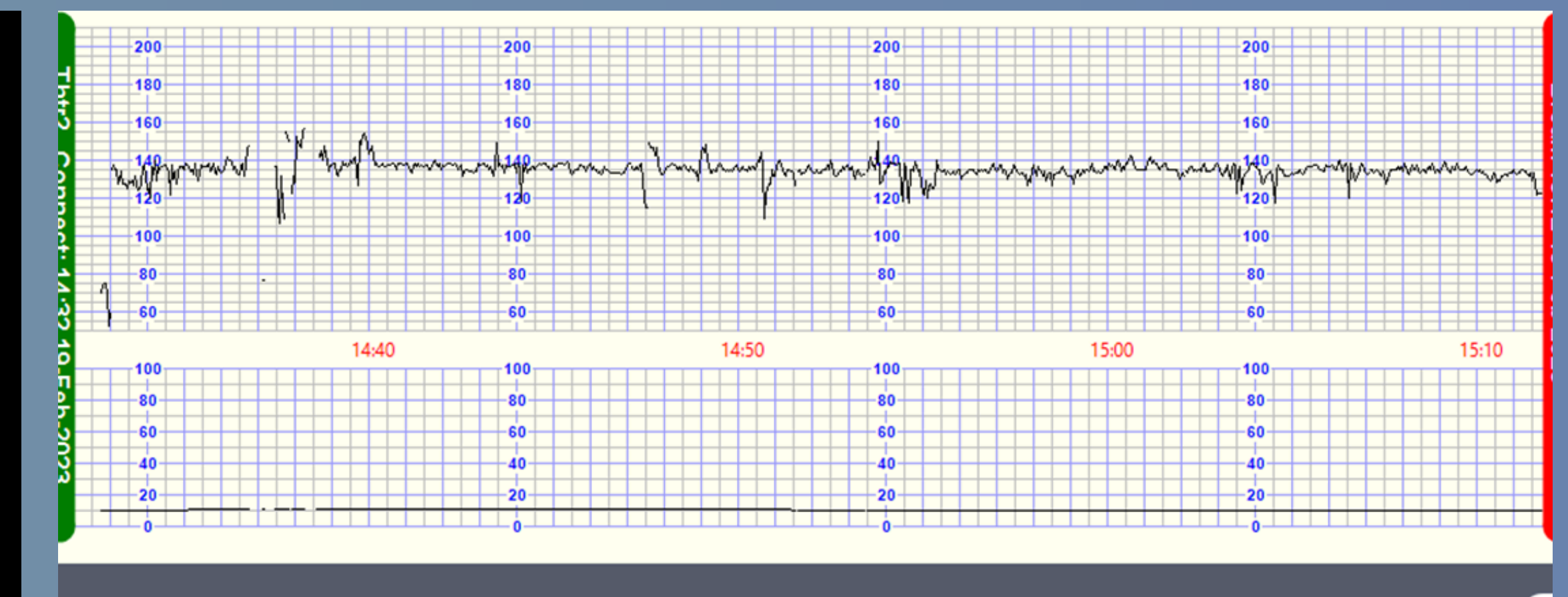
Discussion

- The initial presentation of pain with previous myomectomy should have aroused suspicion for UR.
- However, with the CTG being predominantly normal, it was challenging to diagnose.
- It is suspected the adhesions at the site of rupture tamponaded the bleeding, which then became exacerbated after administration of LMWH.
- At preterm gestation, the risk of early delivery has to be balanced with maternal risk and as the diagnosis was uncertain, intervention was delayed until the hemoglobin drop was significant. However, delivery following was prompt

CT IMAGES



CTG (PRE OP)



Conclusion

Early diagnosis and immediate treatment can minimize complications, ensuring satisfactory outcomes in the index pregnancy and in subsequent pregnancies.

References

- Tinelli A, Kosmas IP, Carugno JT, et al. Uterine rupture during pregnancy: The URIDA (uterine rupture international data acquisition) study. *Int J Gynecol Obstet.* 2022;157:76–84. <https://doi.org/10.1002/ijgo.13810>
- Sugai, Shunya MD; Yamawaki, Kaoru MD, PhD; Haino, Kazufumi MD, PhD; Yoshihara, Kosuke MD, PhD; Nishijima, Koji MD, PhD. Incidence of Recurrent Uterine Rupture: A Systematic Review and Meta-analysis. *Obstetrics & Gynecology* 142(6):p 1365–1372, December 2023. | DOI: 10.1097/AOG.0000000000005418