



Ruptured Uterus & Bladder in Twins Pregnancy with Placenta Percreta & Previous Two Cesareans

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OBJECTIVE :

Placenta previa & previous 2 lower segmen cesarean sections (LSCS) have OR ratio of 17.4 of placenta accreta spectrum. Rupture uterus occurs in 1.16% patients with previous 2 LSCS. In our case rupture of uterus occurred very preterm at 29 weeks pregnancy, this was a twins pregnancy with previous 2 LSCS & placenta previa percreta, ruptured bladder occurred along with uterine rupture.

CASE REPORT :

A 35 years pregnant woman at 29 weeks, twins gestation with previous two LSCS & diagnosed placenta previa percreta during her current pregnancy, was brought by ambulance with epigastric pain and lower abdominal pain, but no per vaginal loss. Intravenous line was connected immediately, blood collected for complete blood count & cross matching. One unit blood was started immediately as Hb level was 100g/l. Patient was clinically stable & both fetal cardiac activity confirmed, cardiotocogram (CTG) showed contractions & non reassuring CTG with reduced variability for one fetus. Patient was counselled for emergency cesarean section, & risks of rupture uterus, massive hemorrhage, blood transfusion, bladder and bowel injury and risks of prematurity. Consent was taken for emergency cesarean +/- hysterectomy.

Patient was previously admitted at 26+5 weeks with uterine irritability, MRI revealed placenta previa percreta with bladder invasion, Corticosteroid given & patient discharged later with no pain & planned for elective cesarean & tubal ligation at 34 weeks.

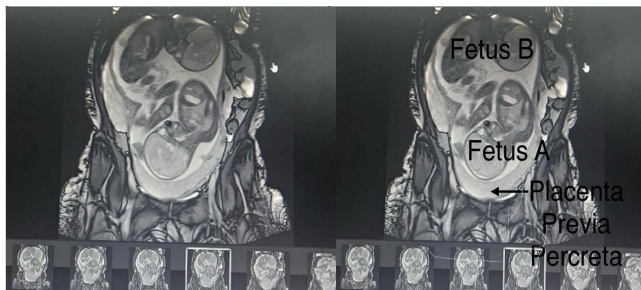


Figure -1

MRI at 26+5 weeks showing twins gestation and placenta previa percreta

At 29 weeks, patient was suspicious of ruptured uterus, emergency cesarean section was done under general anesthesia. Complete uterine rupture was confirmed. Placenta was protruding through cesarean scar, with 4 cm bladder dome rupture & intraabdominal clots & blood around 2 litres.

Classical uterine incision was done, 2 alive males were born weight 980 & 1005 gms both in good condition.

First placenta removed completely, second was percreta with bladder invasion, urologist was called & subtotal hysterectomy proceeded with ovarian preservation. Intraop, patient had total blood loss of 4.8 liters and received 7 units packed RBC, 4 cryoprecipitate, 4 FFP.

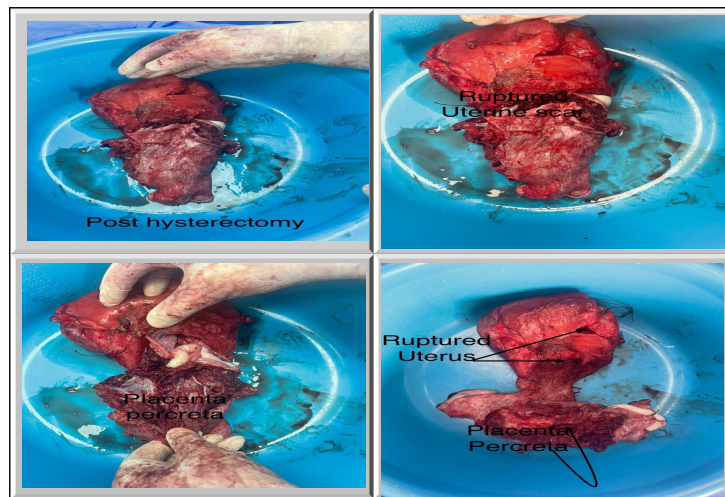


Figure-2 postpartum – Hysterectomy

Bladder injury was repaired by urologist in 2 layers with suprapubic catheter, bladder drain and antibiotics given for 2 weeks & patient was shifted postoperatively to intensive care unit. Incident report was filled & debriefing was done to the patient and her family. Patient was discharged in a good condition on day 14 post operatively.

DISCUSSION :

Careful assessment should be made for patients with previous cesarean sections, placenta previa accreta spectrum, counselling is very important at early time, as delivery can happen unexpectedly anytime even very preterm. Ruptured uterus and bladder are other risks to be counselled about in cases with previous cesareans and placenta percreta, not just massive vaginal bleeding and risk of hysterectomy.

CONCLUSION :

Uterine and bladder rupture can both occur together & should be expected and anticipated early in patients with previous cesareans, although they are unexpected to occur along with placenta previa percreta syndrome, as here the concern is more about vaginal bleeding, this can still occur even very preterm and without any sign of bleeding, as it can happen just with contractions & abdominal pain.

Audits and future researches should be made for cases of rupture uterus with placenta percreta and previous cesareans.

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