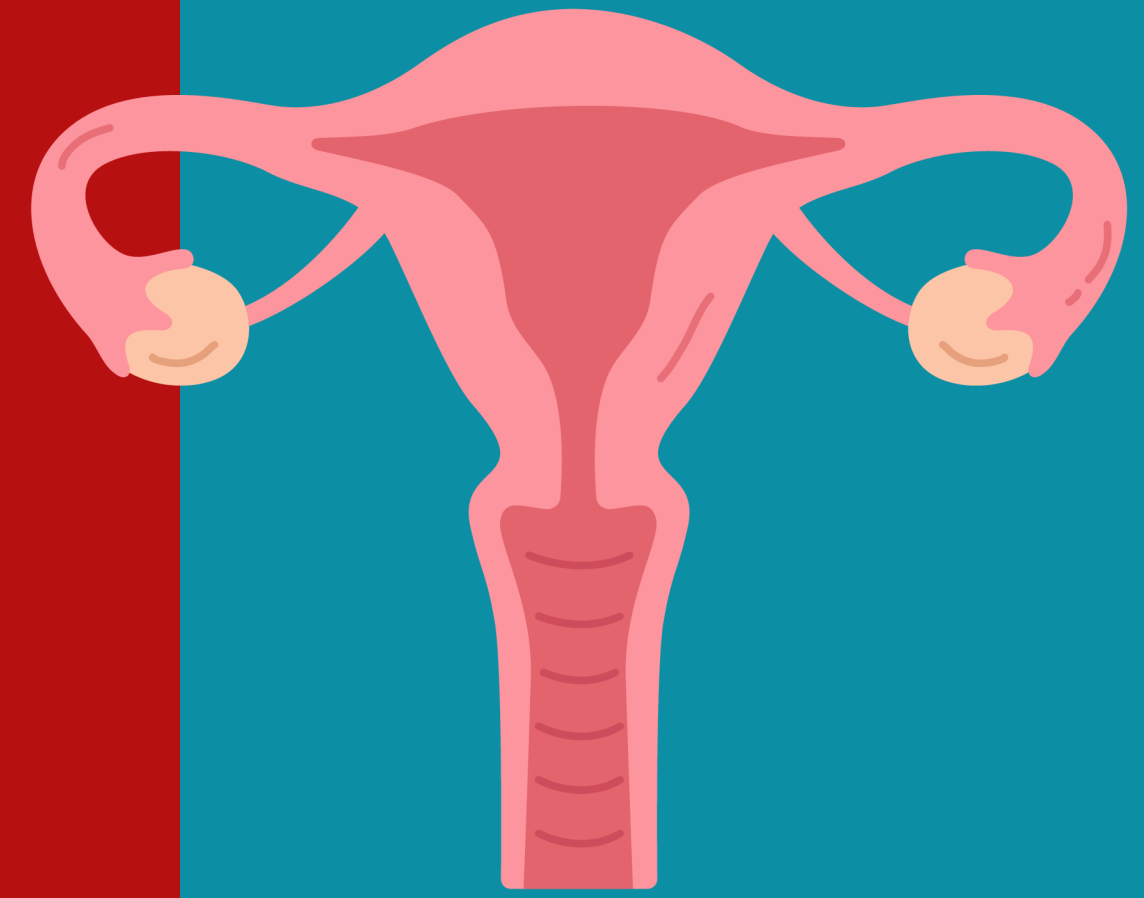


OBJECTIVE

To report a rare case of spontaneous broad ligament tear in a multiparous woman with an unscarred uterus, emphasizing the importance of recognizing atypical causes of abdominal pain in pregnancy.

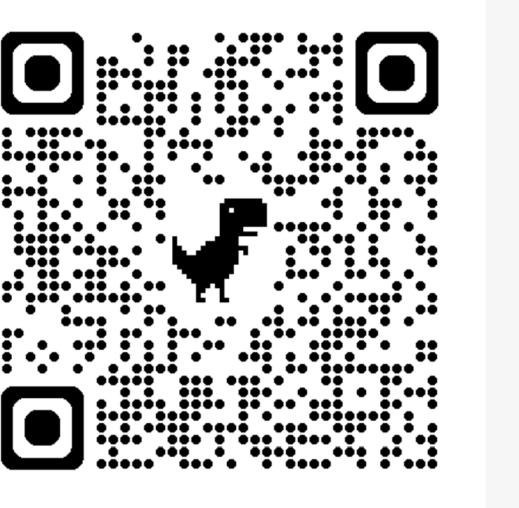
CASE REPORT

- Patient profile: 28-year-old, G3P2 at 41 weeks, low risk, admitted for postdate labor induction.
- History: No prior surgeries or complications.
- Symptoms: Sudden-onset severe abdominal pain 4 hours post-admission prior to start process of induction.
- CTG: Persistent variable decelerations without any contractions.
- Exam: Stable vitals; Abdomen soft non tender, no signs of abruption or uterine rupture. Unfavourable cervix with no signs of labour.
- Intervention: Emergency caesarean section.
- Intraoperative Findings:
 - 200 ml hemoperitoneum with aprox.7 cm longitudinal tear in left broad ligament noted.
 - Intact uterus; no abruption
- Outcome: Healthy neonate; uneventful maternal recovery

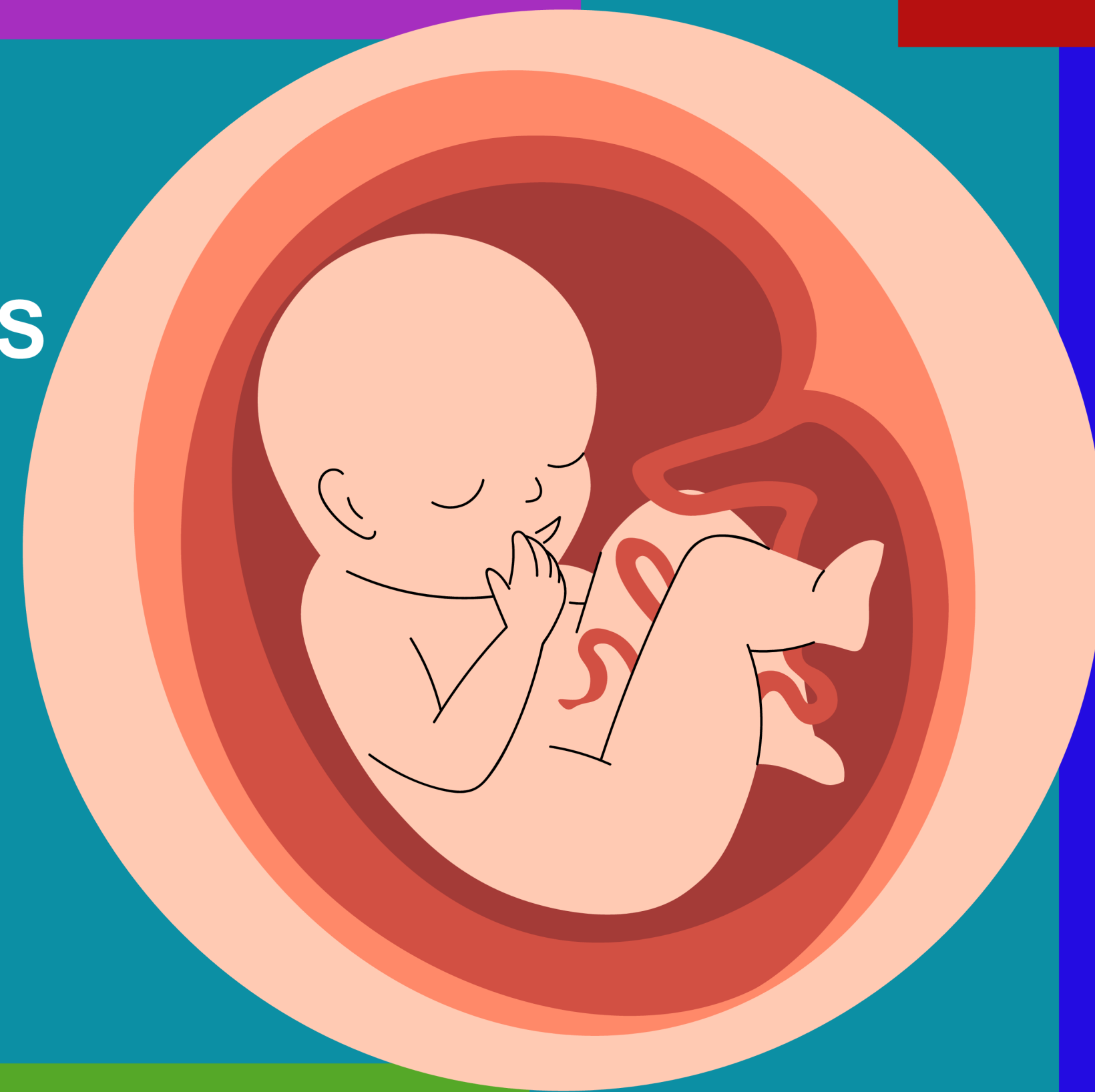


KEY LEARNING POINTS

Acute abdominal pain + abnormal CTG = urgent action.
Prompt intervention prevents maternal/fetal morbidity.
Include rare conditions in your differential diagnosis.



Spontaneous Broad Ligament Tear in a Low-Risk Multiparous Pregnancy: A Rare Obstetric Emergency



DISCUSSION

- Rare but serious: Spontaneous broad ligament tears are exceedingly uncommon without trauma or scarring.
- Diagnostic challenge: Symptoms can mimic common labor discomfort, delaying diagnosis.
- Clinical takeaway: Unexplained pain + fetal distress warrants immediate surgical evaluation—even in low-risk cases.

CONCLUSION

Broad ligament tears, though rare, should be included in differential diagnoses for severe abdominal pain during pregnancy. Prompt diagnosis and surgical intervention can optimize outcomes.

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