



Septic peritonitis revealing an old uterine rupture

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INTRODUCTION/BACKGROUND

The incidence of uterine rupture varies from one country to another and is influenced mainly by the level of social and health development. A scarred uterus is the major risk factor for uterine rupture. Other risk factors include advanced maternal age and multiparity [1].

Uterine rupture is associated with adverse maternal outcomes like maternal near-miss, maternal mortality, and perinatal death. Maternal and perinatal mortality rates of uterine rupture are 8.7% and 97.8%, respectively [2].

OBJECTIVES

This study aimed to highlight the complications associated with caesarean section.

REFERENCES

- 1.Farhat, Imen Ben, et al. "Etude rétrospective sur 60 cas de rupture utérine du centre de maternité de Monastir, Tunisie." The Pan African Medical Journal 47 (2024).
- 2.Motomura, Kenichiro, et al. "Incidence and outcomes of uterine rupture among women with prior caesarean section: WHO Multicountry Survey on Maternal and Newborn Health." Scientific reports 7.1 (2017): 44093.

CASE REPORT :

This is a case of a 42 year old patient second pare with a previous caesarean section ,pregnant at term with no antenatal care. She presented with pelvic pain for 3 days and deterioration in general condition. Examination revealed a confused febrile patient, blood pressure = 80/40, pulse = 130 Bpm, and open, fully dilated cervix on vaginal examination. Ultrasound revealed Intrauterine fetal demise of a breech fetus. An extraction by caesarean section was decided in view of the patient's unstable haemodynamic state with a middle laparotomy. Intraoperatively, a uterine rupture with peritonitis was diagnosed. After extraction of the macerated baby, exploration showed a longitudinal posterolateral rupture with a uterine artery rupture and an extensive retroperitoneal purulent haematoma, extented to the cervix and over 6 cm to the lateral edge of the vagina (figure A). A haemostasis hysterectomy with repair of the vaginal rupture was performed. The post opérative sequelae was a neurogenic bladder dysfunction due to nerve injury.

DISCUSSION

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The incidence of uterine rupture varies from one country to another, and is influenced mainly by the level of social and health development. A scarred uterus is the major risk factor for uterine rupture. Other risk factors include advanced maternal age and multiparity[1]. The most frequent warning signs of uterine rupture are abnormal foetal heart rate, abdominopelvic pain and, inconstantly, metrorrhagia. Other clinical presentations are possible when the onset is insidious, thus delaying management. For the treatment, we have opted for radical surgical treatment, but conservative treatment should always be attempted as soon as uterine lesions can be repaired. Uterine rupture is associated with adverse maternal outcomes like maternal near-miss, maternal mortality, and perinatal death. Maternal and perinatal mortality rates of uterine rupture were 8.7% and 97.8%, respectively.[2]

CONCLUSIONS

Uterine rupture is a rare but serious obstetric complication. Its prevention remains the key by rigorous monitoring of high-risk pregnancies.



Figure A : a longitudinal posterolateral rupture with a uterine artery rupture and purulent hematoma