

Spontaneous Rupture of an Unscarred Uterus at Fundus: A CASE REPORT

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Background

Spontaneous rupture of an unscarred uterus at fundus is a very rare occurrence.

Aims

To present a case of spontaneous uterine rupture at fundus in an unscarred uterus where risk factor was history of uterine curettage for endometrial poly one year back.

Case Report

25 years old G3P2 with two previous vaginal births and now pregnant at 35 weeks and 01-day gestation presented with mild abdominal pains of sudden onset. After conservative management for 10 hours in hospital she suddenly developed severe abdominal pains with per vaginal bleeding. On ultrasound scan, uterine rupture was diagnosed, and an emergency laparotomy was performed. Amniotic sac with dead baby and placenta were found in the peritoneal cavity with rupture of the uterine fundus. Uterus was conserved and bilateral tubal ligation was done. History included uterine curettage for removal of endometrial polyp one year back.

Result

Spontaneous rupture of uterine fundus can occur when there is an upper segment uterine scar. This case report shows that history of uterine curettage is a risk factor for the presence of uterine scar.



Discussion

Rupture of gravid uterus is one of the worst obstetric emergencies in which life of both the mother and fetus are in danger. Incidence ranges from between 0.2% to 0.6%.

Factors that can pre-dispose to uterine rupture are multiparity, advanced maternal age, a scarred uterus, a big fetus, malpresentation, misuse of oxytotic drugs, instrumental delivery and manoeuvres like external cephalic version.

In our case, patient was multiparous with history of uterine curettage for removal of endometrial polyp. Patient might have complete or incomplete uterine perforation during curettage procedure. The perforation may have been situated at uterine fundus and subsequently continuous distention of the uterus with evolving pregnancy resulted in rupture and protrusion of fetus and placenta into the peritoneal cavity.

Conclusion

Uterine rupture occurring on an unknown scarred uterus is sometimes an unpredictable event. It is associated with poor maternal and fetal outcome. Usually, it occurs during labour but as in our case it can occur antenatally as well. Our case report showed that history of uterine curettage should be considered as a risk factor for uterine rupture even during antenatal period because there could be an unnoticed uterine perforation or uterine weakening by the curettage. This case report shows that abdominal pain in a pregnant woman with a previous history of uterine curettage should be managed with careful observation. Ultrasound examination and external electronic fetal monitoring should be carried out rapidly to diagnose a uterine rupture as early as possible.