

Persistent inadequate analgesia as identifier of uterine window in nulliparous parturient: a case report

Eleanor Kenny MD, Jessica Kruse MD, Kaitlyn Neumann MD, MEd

Division of Obstetric Anesthesiology, Department of Anesthesiology, Northwestern Memorial Hospital

Uterine rupture is a rare but morbid complication of pregnancy.

Risk Factors

Exposure to uterotonics

Multiparity

Dystocia

Uterine anomalies

Obstetric Identifiers

Fetal bradycardia

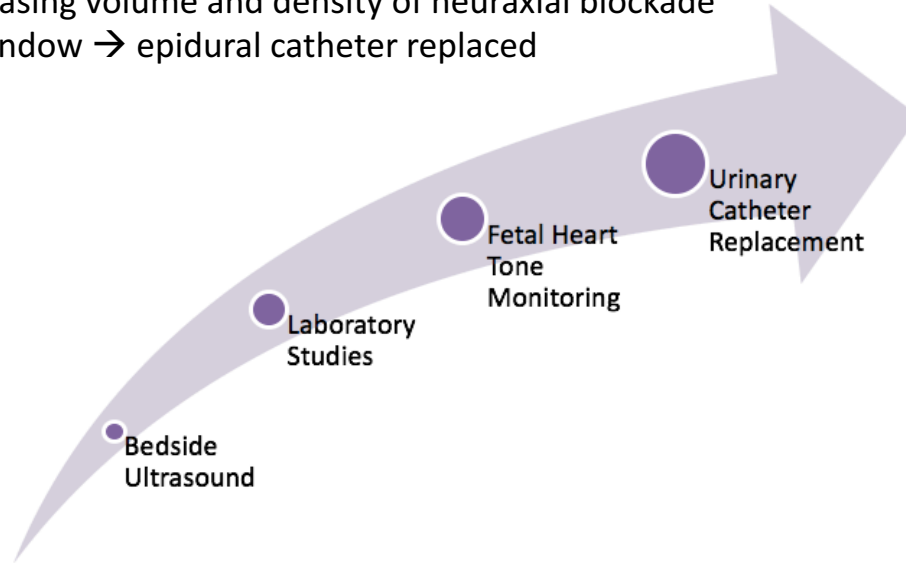
Loss of station

Vaginal bleeding

Abdominal pain

Case Presentation

- 34-year-old G1P0 female
- Presented at 37w0d with elevated blood pressures and vision changes
 - Induced for preeclampsia with severe features
- Labor analgesia was requested and performed without difficulty
- 6 hours later, patient developed 10/10 pain in suprapubic and vaginal areas
- Initial management: increasing volume and density of neuraxial blockade
- Concern for anesthetic window → epidural catheter replaced



Cesarean Delivery

Discussion

- Uterine rupture in the unscarred uterus is associated with higher maternal and neonatal mortality when compared to rupture in a scarred uterus.¹
- Persistent uncontrolled pain should lead to exploration of differential diagnoses.
- This case stresses importance of **multidisciplinary approach** to exploring etiology of breakthrough pain.
- Maintain high suspicion for uterine window or rupture in a patient with uncontrolled pain (regardless of risk factors!)

References

- Gibbins (2015) *American journal of obstetrics and gynecology* 213.3: 382.e1–382.e6.