Unusual Presentation of Uterine Rupture

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Background:

Uterine rupture is a rare but potentially life-threatening complication, particularly in women attempting a Trial of Labor After Cesarean (TOLAC). Although it remains uncommon, the risk is significant enough to warrant vigilant monitoring during labor, especially in patients with known risk factors. The classic signs of uterine rupture often include sudden, severe abdominal pain, vaginal bleeding, loss of fetal station, and abnormal fetal heart tracings such as decelerations or bradycardia. However, it is important to note that these signs may not always be present or may develop gradually, making early detection challenging.

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34-year-old G3P2002 with IUFD at 36 weeks GA, presenting for TOLAC

PMHx: CS x2, T2DM

Sudden SOB with chest pain, hypotension, tachycardia. No abdominal tenderness, cervical exam unchanged, no loss of fetal station, no vaginal bleeding.

- FAST scan (-) for intra-abdominal free fluid
- EKG sinus tachycardia, no ST segment changes
- TTE limited by position

2L LR, non-rebreather mask

Concern for cardiac etiology, transferred to ICU, pending labs

Shortly after transfer to ICU:

New onset abdominal pain, rapid decompensation

Intubated require triple pressor support

- Repeat FAST (+) intra-abdominal free fluid
- Hgb 12.5 -> 9.1

Concern for uterine rupture

Decision made for emergent repeat CS

- First evidence of vaginal bleeding seen on OR bed
- Finding: Transverse rupture at lower uterine segment
- CS successful with 5L blood loss
- 5pRBC, 4 FFP, 2 platelets, 2 cryo given

Extubated POD #2, patient made a stable recovery

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Teaching Points:

- Atypical presentation: Chest pain, respiratory distress, hypotension, tachycardia
    - Stable cervical exam, absence of vaginal bleeding, and lack of abdominal tenderness, FAST (-) initially led to the consideration of alternative diagnoses (Aortic dissection, PE, MI, etc.)
- The absence of a viable fetus played a role in the decision to initially pursue conservative management.
    - In a typical scenario where the fetus might still have a chance of survival, the management decisions would likely prioritize rapid intervention to safeguard fetal health.
- This importance of early multidisciplinary involvement when acute maternal decompensation occurs.
- Anesthesiologists play a pivotal role in bridging diagnostic uncertainty and coordinating timely operative readiness.