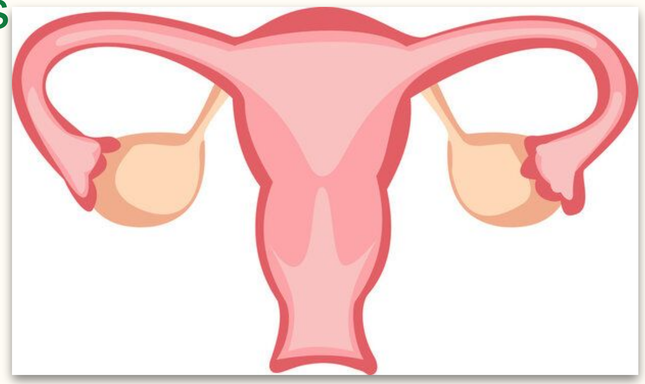
Posterior Uterine Rupture: Pain as the presenting[1] symptom

BACKGROUND:

Uterine rupture is a life-threatening complication, and prompt diagnosis is critical for maternal and fetal outcomes.

Patients undergoing a trial of labor after cesarean (TOLAC) are at increased risk, with reported rupture rates of 0.7–1.9% depending on prior uterine incision type.



Pain is frequently cited as a hallmark symptom of uterine rupture, particularly when it presents atypically.

Abdominal pain is the most commonly reported symptom, though distinguishing abnormal pain from normal labor discomfort remains a clinical challenge.

The Case

Patient: 31-year-old G4P1021 at 39W5D, in spontaneous labor, attempting TOLAC after prior low transverse cesarean

Labor course: Epidural placed; progressed to full dilation

Early concern: Sudden increase in pain with asymmetric epidural (T10 left, L1 right), transient relief with bolus

Clinical changes: Maternal persistent tachycardia → worsening (130s), new right-sided abdominal pain

Fetal status: Initially reassuring → progressed to late decelerations

Intervention: Emergent repeat cesarean delivery

Intraoperative findings: fetus delivered without issue, uterine atony and hemorrhage; posterior uterine rupture identified

Management: Uterotonics + TXA → inadequate; progressed to hypotension (55/32) and tachycardia (140s)

Escalation: General anesthesia, massive transfusion protocol, arterial line and MAC introducer placed

Definitive treatment: Hysterectomy due to ongoing hemorrhage

Outcome: Received 8u pRBCs, 5u FFP, 1u platelets (TEG-guided); extubated POD1, recovered well

Teaching Points

- This case highlights the diagnostic difficulty of uterine rupture during TOLAC, particularly in patients with effective neuraxial analgesia and initially reassuring fetal monitoring.
- Presentation may be subtle; in this patient, **evolving focal abdominal pain** despite a functioning epidural was the earliest sign.
- **Atypical pain** inconsistent with labor stage should prompt consideration of uterine rupture.
- This case underscores pain as an early indicator of uterine rupture and emphasizes the importance of heightened vigilance and multidisciplinary readiness in high-risk obstetric patients.