Severe Pain and Diagnostic Pitfalls: Two Cases of Uterine Rupture in a Scarred Uterus

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Uterine rupture is rare but life-threatening condition. In patients with prior uterine surgery, severe abdominal pain may precede hemodynamic collapse, and ultrasound can be falsely reassuring. Early recognition and immediate escalation are critical when maternal status deteriorates despite an initially reassuring fetal assessment.

Case report

- **Case 1:** A 37y G4P1 38+5 GW with a prior CD and myomectomy presented with PROM and pain out of proportion to the clinical examination, ~60 min after admission became hypotensive with severe pain
- Emergent CD (in GA) was performed: complete uterine rupture at the prior myomectomy site with the fetus in the abdominal cavity and 1.5 L hemoperitoneum. A live neonate (3500 g; Apgar 8/9) was delivered.
- Oxytocin, Methylergonovine, and TXA, and blood products were transfused (4 U PRBC, 4 U FFP, and 10 U cryoprecipitate).
- Discharged home on POD 5 with the neonate
- **Case 2:** A 40y G3P2 at 26 GW (two prior CDs and placenta previa- no suspicion of PAS) presented with sharp abdominal pain. Admitted at 07:00.
- Ultrasound: free intra-abdominal fluid without definitive evidence of uterine rupture
- Declining hemoglobin level- diagnostic paracentesis confirmed hemoperitoneum

Case report

- Emergent CD (under GA) - ~4 h after arrival. Intraoperatively, partial uterine rupture and PAS (suspected percreta) were identified.
- Cesarean hysterectomy was required and complicated by iatrogenic bladder injury
- Cell salvage (~500 mL) and transfusion support were used (4 U PRBC, 5 U FFP; no platelets)
- **postoperative course was uncomplicated (mother was discharged on POD10)**
- The neonate (680 g; Apgar 5/6) died on NICU day 20.

Conclusion:

In scarred uteri after prior surgery (CD and/or myomectomy), pain out of proportion should be the sign of serious condition

Outcomes depend on rapid multidisciplinary coordination and hemorrhage readiness (cell salvage and a transfusion pathway/MTP, as available).

Time-to-delivery decisions could be crutial for saving mother's and baby's life

Literature:

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