A case of uterine rupture requiring emergent cesarean delivery in a patient with minimal risk factors

Hanna K. Mandl MD, A. Taylor Thomas MD MPH, Vilma E. Ortiz MD, Ashwini Joshi MD
Department of Anesthesiology, Mass General Brigham, Boston, MA

Background

- Uterine rupture is a rare obstetric emergency than can significantly harm the mother and fetus
- Incidence is <1% if 1 prior C/S
- May occur in the absence of labor, but most commonly during labor
- Other risk factors: IOL, grand multiparity, connective tissue disease, trauma
- Abnormal FHR tracing can be the initial sign
- 9% of patients present with a triad of abnormal FHR tracing, abdominal pain, vaginal bleeding

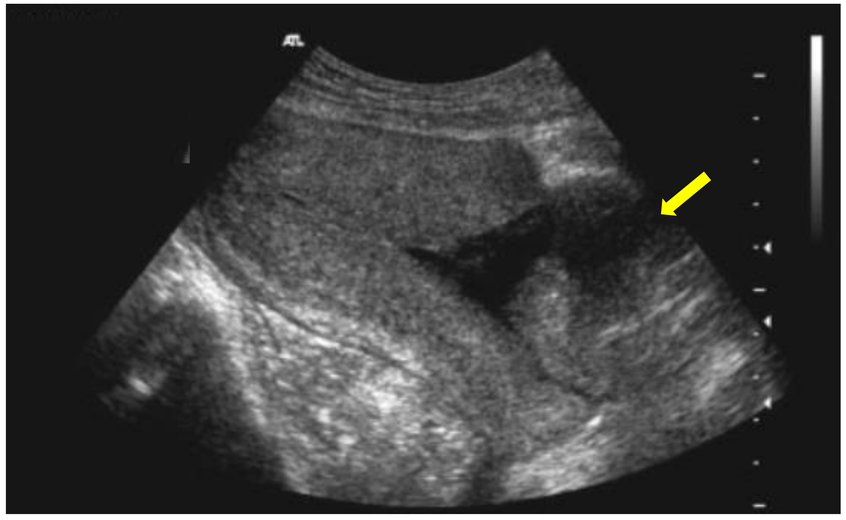
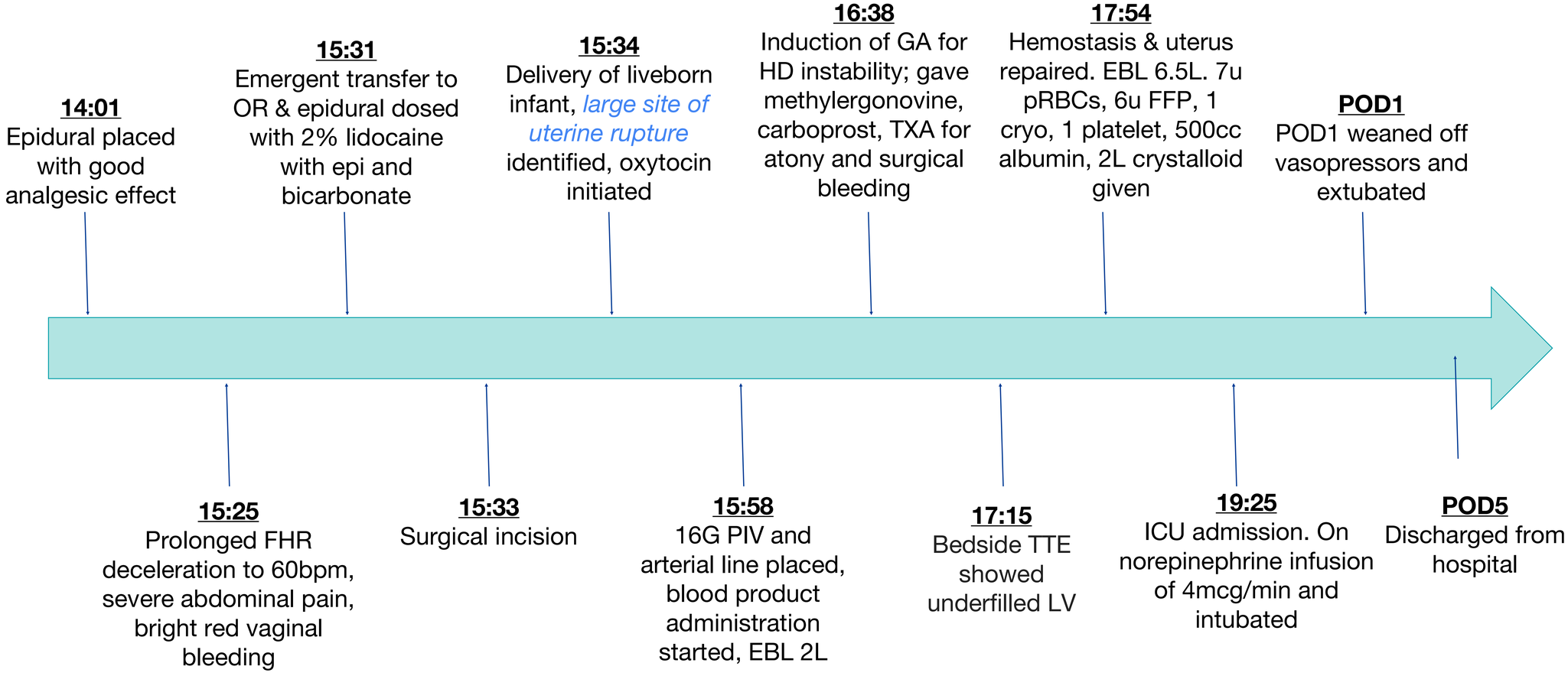


Figure 1: transabdominal ultrasound demonstrating anterior wall defect of the uterus (image adapted from Tutschek et al).

Case Presentation

A 39-year-old G6P3023 at 39w5d with BMI 40, three prior spontaneous vaginal deliveries, and no prior uterine surgery was admitted for induction of labor due to a small fetal pericardial effusion on biophysical profile.



Teaching Points: Uterine Rupture

Risk Factors

- Prior uterine surgery
- IOL
- Grand multiparity (>5)
- Congenital uterine anomaly
- Connective tissue disorder
- Trauma

Diagnosis

- Sudden fetal distress
- Maternal hemodynamic instability
- Abdominal pain
- Vaginal bleeding

Management

- Rapid identification and surgical intervention
- Communication
- Large bore peripheral access & aggressive hemodynamic resuscitation

References

- Tutschek B, et al. Ultrasound Obstet Gynecol 2005, 26:194-200.
- Banayan JM, et al. *Chestnut's Obstetric Anesthesia: Principles and Practice*. 2020.
- McEvoy A, et al. Obstet Gynecol 2023, 141(4):854-856.