

BACKGROUND

- Uterine rupture is a potentially catastrophic complication of labor and delivery, most often requiring immediate surgical intervention
 - TOLAC + IOL are risk factors¹
 - Rate of rupture as high as 1.6% for patients undergoing first TOLAC²
 - Presentation: vaginal bleeding, pain, FHR abnormalities (77% symptomatic before delivery)³
 - Postpartum rupture: persistent bleeding refractory to uterotonics
- We present the case of a 33 year-old parturient whose delivery was complicated by uterine rupture and was managed medically per patient choice

CASE REPORT

- 33 y.o. G3P2
 - OB Hx x1 CS 2/2 breech
 - Successful IOL and VBAC at 39W w/ epidural anesthesia
- Delivery c/b by uterine atony and PPH
 - EBL 729mL
 - S/p Methylergonovine IM + Misoprostol PR
- Subsequent hemodynamic instability
 - S/p 2U PRBC with improvement in both HR and BP
- FAST for worsening abdominal pain PPD1
 - Hypoechoic free fluid between spleen and diaphragm
- CT scan confirmed uterine rupture + hematoma
- Patient opted for expectant monitoring
- Transferred to ICU for close observation
 - Developed sepsis 2/2 endometritis + worsening pleural effusion
 - S/p antibiotics, diuresis and thoracentesis
 - Discharged AMA on PPD 14
- Continued follow-up as an outpatient
 - Serial CT showing interval reduction in uterine size and edema



Fig 1: POCUS of LUQ showing fluid between spleen and diaphragm + pleural effusion



Fig 2: CT AP showing left lateral uterine rupture w/ air in endometrial canal + 7.6x12.4x10.4 cm hematoma

DISCUSSION

- Highlights a rare circumstance in which conservative medical management of uterine rupture resulted in positive outcome
- Underscores the importance of interdisciplinary coordination between the anesthesia and obstetric teams
- Implementation of routine POCUS on L&D has potential in aiding with diagnosis and management⁴
- Use of neuraxial analgesia for vaginal delivery associated with decrease in risk of severe maternal morbidity⁵
 - May facilitate close monitoring and de-escalation of life-threatening complications

References

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