Case Report

First Trimester Uterine Rupture Previous Lower Segment Cesarean Scar

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Introduction

Spontaneous rupture of the cesarean scar of the uterus during the first and second trimester is a rarity in obstetrics. It is most commonly seen in the last trimester, commonest cause being attempt vaginal delivery especially with non-judicious use of oxytocics.

Case Report

A 26 year old G₂P₁L₁ with previous cesarean delivery was admitted in our private nursing home on 16th February, 2002 with history of severe pain in the abdomen and giddiness, since 4. a.m. Her last menstrual period was on 2nd December, 2002, but she had minimal bleeding on 22/01/2002 which she considered as her menses. She had a lower segment cesarean section at term (LSCS) for non progress of labor 6 month back. On examination she was in agony. There was severe pallor, pulse was 130/minute, and blood pressure 110/70mmHg. There was severe tenderness all over the abdomen, more in the pelvic region. She did not allow vaginal examination due to severe pain. With a suspicion of

ectopic pregnancy urinary pregnancy test was done, which was positive. Her hemoglobin was 6.9g/dl. Sonography was done which showed a single, live gestation of 9 weeks with intact sac bulging out from the anterior uterine wall. There was plenty of free fluid in the peritoneal cavity. Both tubes and ovaries appeared normal. Therefore ectopic pregnancy was ruled out and diagnosis of ruptured uterus was made.

A laparotomy was done under anesthesia and one litre of blood was aspirated. The fetus protruding from the rent in the lower anterior uterine wall was removed along with the placenta. The rent was at the site of previous LSCS scar and was bleeding. Uterine cavity was curetted. The rent was sutured by No.1 Polyglactin with

Figure 1. Sonography showing a gestation sac bulging out from lower part of anterior uterine wall.

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continous interlocking sutures. Hemostasis was achieved. She was given two blood transfusions. Her post-operative period was uneventful.

Discussion

Gurgen ¹ reported a case of uterine rupture at 14 weeks who conceived by IVF-ET, with past history of fundal perforation during hysteroscopic synechiolysis for genital tuberculosis. Spontaneous bilateral cornual uterine dehiscence early in the second trimester after bilateral laparoscopic salpnectomy and IVF was reported by J. Inovary et al². Liang et al³ reported a case of uterine rupture from placenta percreta in the first trimester. In our case patient had LSCS only 6 months back. She did not take any abortion induction pill or undergo dilatation and curettage. Women having cesarean delivery should be advised not to conceive within months of the delivery.

References

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