Second Trimester Uterine Rupture - An Unusual Case

Lt Col BS Duggal* Maj S Khanna+

MJAFI 2006; 62 : 275-276

Key Words : Uterine rupture

Introduction

Rupture of a pregnant uterus is a serious threat to the life of mother and foetus. Most of these cases have predisposing factors like placenta percreta and scarred uterus. Rupture of a scarred uterus usually occurs in the third trimester of pregnancy or during labour. We present a case of mid trimester spontaneous rupture in a patient who had undergone medical termination of pregnancy (MTP) and laparoscopic sterilisation one year ago.

Case Report

A 35 year old patient, reported with complaints of sudden onset of severe lower abdomen pain of two hours duration with an episode of giddiness and vomiting. There was no history of bleeding per vaginum. There was no history of any violent blow or trauma to abdomen. Patient was not sure of her last menstrual period but gave history of amenorrhoea of about four months. She had previous three full term normal deliveries followed by first trimester MTP and laparoscopic sterilisation one year ago. Patient denied any history of fever or pelvic pain after MTP and sterilisation.

On examination patient was conscious with extreme pallor, pulse 120/minute, low volume and blood pressure was 80/50 mm of Hg. Abdomen was distended with tenderness over hypogastrium and both iliac fossa. On percussion there was dullness in flanks. On deep palpation uterus was palpable corresponding to about 16 weeks size. Per speculum and per vaginal examinations revealed marked tenderness with no vaginal bleeding. A provisional diagnosis of interstitial pregnancy was made and patient was taken up for exploratory laparotomy with consent for hysterectomy.

On laparotomy, there was about 1500ml blood in peritoneal cavity. Uterus was 14-16 weeks size. There was rupture of left fundal region of uterus through which placenta was protruding with active bleeding from the rupture site. Foetus was still within uterine cavity. Placenta and foetus were removed and subtotal hysterectomy performed. Falope ring was seen on right fallopian tube but there was no ring on left fallopian tube which was intact and healthy in its entire length.

Total blood loss of approximately two litres, was replaced by intra and post operative blood transfusions. Post operative period was uneventful. Histopathological examination of uterus did not show any evidence of trophoblastic invasion in interstitial part of fallopian tube or its surrounding myometrium. Placenta was implanted in left fundal region but there was no evidence of placenta increta or percreta.

Discussion

Rupture of a scarred gravid uterus usually occurs in the third trimester of pregnancy or during labour. However cases have reported where rupture of a scarred uterus due to previous myomectomy or classical caesarean has occurred in mid trimester [1,2]. Placenta percreta is a rare but an important predisposing factor which can lead to spontaneous second trimester uterine rupture [3,4]. We report a rare case of spontaneous mid trimester rupture in a lady who had MTP and laparoscopic sterilisation one year ago. Probably during MTP either patient had silent uterine trauma or a perforation of left fundal region which was not

Fig. 1 : Photograph showing rupture of uterus near left cornual region with foetus and placenta

*Classified Specialist (Obstetric & Gynaecology), CH (SC), Pune. +Graded Specialist (Anaesthesiology) MH Shillong.

recognised, in the absence of active bleeding from the site of perforation during laparoscopy. Patient made an uneventful post operative recovery at that time but failure of laparoscopic sterilisation subsequently led to pregnancy which ruptured from scarred area of uterus. Placenta implantation over the scarred area appeared to be contributory factor for rupture in early antenatal period.

Conflicts of Interest

None identified

References

1. Endres LK, Barnhart K. Spontaneous second trimester uterine rupture after classical caesarian. *Obstet Gynecol* 2000; 806-8.
2. Golan D, Aharoni A, Gonen R, Boss Y, Sharf M. Early spontaneous rupture of the post myomectomy gravid uterus. *Int J Gynecol Obstet* 1990; 31: 167-70.
3. LeMaire WJ, Louisy C, Dalessandri K, Muschenheim F. Placenta percreta with spontaneous rupture of an unscarred uterus in the second trimester. *Obstet Gynecol* 2001; 98: 927-9.
4. Kinoshita T, Ogawa K, Yasumizu T, Kato J. Spontaneous rupture of the uterus due to placenta percreta at 25-weeks gestation: a case report. *J Obstet Gynaceol Res* 1996; 22: 125-8.

ATTENTION CME ORGANISERS

All service hospitals/institutions organising CME will contribute to MJAFI fund as per rates given below :-

(a) CME with less than 100 delegates	-	Rs. 2500/-
(b) CME upto 300 delegates	-	Rs. 5000/-
(c) CME with more than 300 delegates	-	Rs. 10000/-