

INTRODUCTION: Uterine rupture is full thickness tear through myometrium and serosa . Scarred uterus is the most common etiology in any trimester .Since rupture in first or second trimester is extremely rare its clinical diagnosis might be difficult as it varies in presentation and course of events . Unlike rupture in the lower uterine segment in the third trimester or during delivery , the common site of rupture in the second trimester is fundus of the uterus.

CASE REPORT: A 23yr ole female with G2P1L1 with 23weeks of gestation with previous cesarean section with placenta previa with complaints of pain abdomen since one week and patient give alleged history of consuming medical termination pills 10 days back . On general examination vitals were stable , systemic examination unremarkable . On perspeculum examination no active bleeding noted. 48hr post admission experienced dramatic deterioration of vitals . Tachycardia with hypotension noted . Ultrasonography of Abdomen and pelvis revealed minimum free fluid in the morison's pouch . Patient was taken for emergency laparotomy



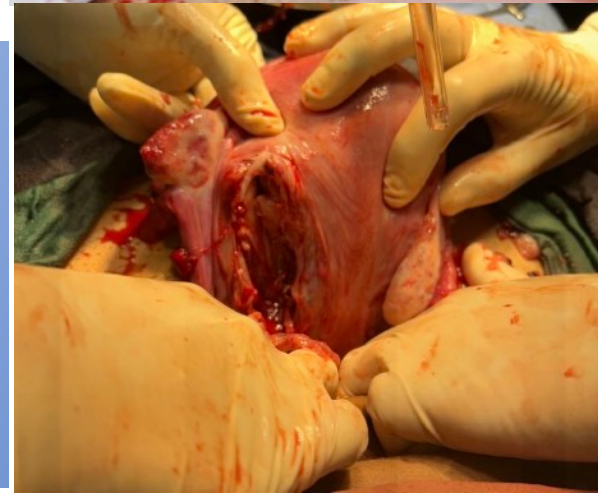
INTRAOPERATIVE FINDINGS :

Hemoperitoneum ,Posterior uterine wall rupture
Placenta adherent thus proceeded for hysterectomy

Postoperatively patient shifted to high dependency unit .Postoperative period was uneventful and the patient was discharged on postoperative day 10.

Conclusion Uterine rupture is seen commonly in scarred uterus compared to unscarred uterus . It is mainly seen in third trimester and during labour. Uterine rupture though uncommon in second trimester , should be considered and ruled out in the differential diagnosis in pregnant women presenting with acute pain abdomen irrespective of gestational age .This case highlights the need for increased awareness among health care providers and set criteria for red flags that would increase the index of suspicion of rupture uterus.

DISCUSSION: The Scarred uterus is the most common reported aetiology of uterine rupture followed by morbidly adherent placenta , multiparity , injudicious use of oxytocin and prostaglandins. In developed countries , the incidence with cesarean section is 1in 2000 , with global average of 1 in 100 and 1 in 15,000 in unscarred uterus .The risk of rupture during second trimester abortion with misoprostol is less than 0.35% in scarred uterus and 0.04% in unscarred uterus . The potential risk factor for rupture uterus in this case is previous cesarean scar and use of misoprostol.



Reference

Agarwal M, Singh S, Sinha S (May 08, 2023) A Rare and Unique Case Report of Lateral Uterine Wall Rupture and Its Review. Cureus 15(5): e38695. DOI 10.7759/cureus.38695

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