

Title: A Rare Case of Rupture in unscarred uterus.

Introduction

- Uterine rupture is a complete tear of all layers of uterus resulting in life threatening event for both mother and fetus.
- Uterine rupture most commonly seen in trial of labour after cesarean (TOLAC) with incidence of 0.5%.

Case

A 30 yrs old G3 P2L2 with previous 2 full term vaginal deliveries unbooked uninvestigated patient with 9 months of amenorrhea presented to the ER with complains of pain in abdomen since past 2 days. Decreased perception of fetal movements since morning.

On Examination

Gc fair, afebrile, P-120bpm, BP-100/60mmhg, Pallor ++

Per abdomen examination-

- Fundal Height corresponds to 36 weeks of gestation
- Abdomen was relaxed with lack of uterine activity, tenderness present.
- Fetal heart sound could not be localised with doppler

On per vaginal examination-

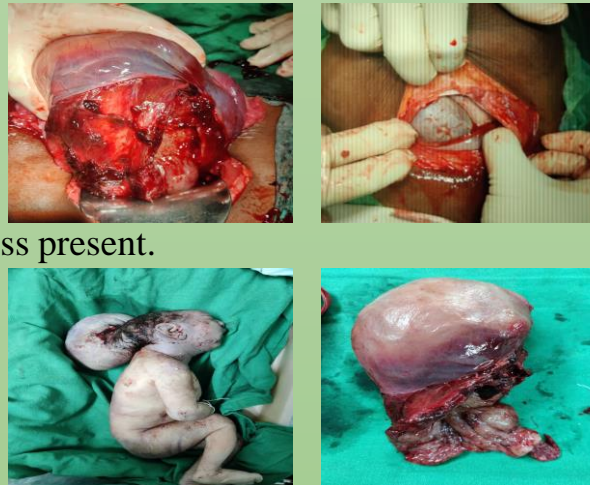
os fully dilated and fully effaced with face presentation
Large boggy cystic mass felt behind vertex.

MANAGEMENT

Absent uterine activity in second stage of labour associated with severe abdominal pain raised suspicion of rupture uterus thus rather than augmentation of labour with Pitocin, patient was taken up for emergency lower segment cesarean section. Intraoperative decision of obstetric hysterectomy taken

OUTCOME

- Complete uterine rupture measuring approximately 12-13 cms noted at the left lateral wall extending from mid corpus till cervix
- Female child 2.7 kg delivered showed no signs of life



DISCUSSION

- In this case prolonged neglected labour with undiagnosed anomalous fetus led to rupture of uterus.
- Absent fetal heart with cessation of uterine contraction raised the suspicion of rupture uterus
- Rupture in a scarred uterus occurs in the weakest scar site i.e. in a transverse plane.
- Whereas rupture in an unscarred uterus is more likely extending in vertical plane.

CONCLUSION

1. Rupture in unscarred uterus is rare, but not exceptional
2. Diagnosis is often delayed due to low suspicion of rupture in unscarred uterus.
3. Malformed fetus causing overdistention of uterus can be an important risk factor of rupture.

REVIEW OF LITERATURE

Maternal and perinatal mortality rates of uterine rupture were 8.7% and 97.8%, respectively. According to the findings of *Donnelly and Birger*, the left lateral wall of the uterus is more prone to rupture than the right.

REFERENCES

1. <https://www.acog.org/womens-health/faqs/vaginal-birth-after-cesarean-delivery#a>
2. Donnelly JP, Rupture of the uterus. Am J Surg 1951;82:354-359.