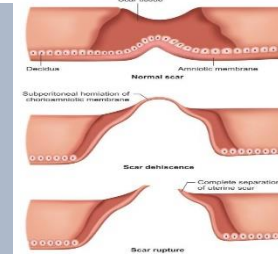


Title: Second Trimester Uterine Rupture

INTRODUCTION

33Y/F, G2P1L0 with post myomectomy & post laparotomy for uterine rupture with sudden onset pain abdomen, 1 episode of vomiting. On arrival, patient was conscious and oriented. Presented with **Pallor**; **Tachycardia** -100 bpm, **Tachypnoea** -32 cpm, normal BP -110/70 mmHg ; Saturation of 95% on room air.



DISCUSSION

- In this case misleading-diffuse upper abdomen pain and vomiting.
- Ultrasound diagnosis of intrauterine pregnancy and fluid collection does not mean uterus is intact..
- With prior history of myomectomy and previous uterine rupture, one should have high suspicion of rupture uterus in women presenting with sudden onset pain abdomen in pregnancy.
- Uterine rupture post lap myomectomy is **1-2%** and open myomectomy is **0-4%**. births.

CLINICAL

Distended Abdomen (AC105cm) :diffuse tenderness.
Guarding and Rigidity on palpation.
Fundus not Palapable FCA +
Vital Parameters- PR-104bpm,

USG/LABS

HB-**5.1** g/dl
TLC-17360 cells/cc
PLT-2 lakhs
HCT-15.9
HIV - Neg
HbSAg - Neg

Emergency Laparotomy & Hystrectomy

Blood Demand
High risk consent

INTRA OP FINDINGS-

Large **5x4cm fundal** Lt Lat defect in uterine wall with fetus in intact amniotic sac , bulging through the defect

Intraperitoneal fluid collection: **2.5lts**

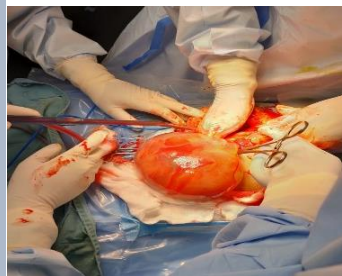
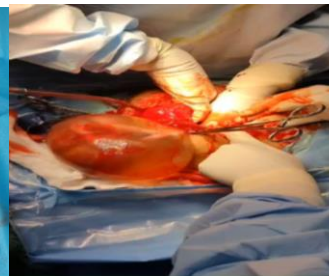


Fig 2: Fetus inside amniotic sac lying outside rtured uterus



Fig.3: Fundal uterine rupture Fig 4: Rupture uterus with en sac



CONCLUSION

- Uterine rupture necessitates **urgent intervention**. In this case, emphasis of taking proper history , high clinical suspicion and active intervention helped in saving life of the mother.
- Uterine rupture should be first ruled out in all pregnant women with acute pain abdomen regardless of their gestational age.
- This case serves as an important reminder of the potential risks associated with prior myomectomy scar and prior uterine rupture of uterus and the need for **vigilance** in monitoring and managing potential complications.

REFERENCES

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