VOLUME - 12, ISSUE - 03, MARCH - 2023 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper | Obstetrics & Gynaecology

RUPTURED BICORNUATE UTERUS WITH ABRUPTIO PLACENTAE IN SECOND TRIMESTER PRIMIGRAVIDA PATIENT

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ABSTRACT **Introduction-** Bicornuate uterus (BU) is a rare uterine anomaly result from incomplete fusion of the two Müllerian ducts during embryogenesis. BU very rarely can lead to rupture of the uterus during the early pregnancy with high mortality and morbidity rates. **Presentation of case-** A primigravida at 19.3 weeks of POG presented to ER with complaint of generalised pain abdomen with dizziness. On examination, the patient was pale and irritable. Urgent ultrasound scan showed died fetus in the right horn with free fluids in Morrison's pouch.Emergency Laparotomy showed ruptured right horn of bicornuate uterus with fetus in abdomen. The defect in the uterus was repaired. Postoperatively, the patient was advised to use contraceptive pills for one year. **Discussion- Conclusion-** This case highlights the fact that uterine rupture can occur in second trimester of pregnancy when associated with uterine anomaly. Early sonographic diagnosis has a major contribution in evaluation and management.

KEYWORDS : Bicornuate uterus, Pregnancy, Rupture

INTRODUCTION

The female reproductive organs develop from the fusion of the bilateral Müllerian ducts to form the uterus, cervix, and upper two-thirds of the vagina. Bicornuate uterus (BU) is a rare uterine anomaly result from incomplete fusion of the two Müllerian ducts during embryogenesis. This leads to varying degrees of separation between two symmetrical uterine cavities ranging from partial separation to complete separation with no communication between the two cavities[1,2]. Kidney and other urinary tract abnormalities are often associated with Müllerian ducts anomalies[3]. Rupture of the gravid uterus is a rare obstetric catastrophe with high mortality and morbidity. It is more common in multigravida or in scarred uterus and usually occurs at labor[4]. BU is associated with adverse reproductive outcomes and very rarely can lead to rupture uterus during the pregnancy[4]. Herein, we report a case of primigravida with second trimester rupture of bicornuate uterus.

Case Report

A Primigravida at 19.3 weeks period of gestation presented to ER with complaints of sudden onset generalised abdominal pain with dizziness. She was taking regular antenatal visit.she had diagnosed bicornuate uterus with pregnancy in right horn (in first USG scan)

On general physical Examination,patient has tachycardia with hypotension, look pale and drowsy.on per abdominal examination-Tense,tenderness present & p/v-cervix soft ,closed. Basic blood investigation sent and urgent USG done-s/o IUD with retroplacental haematoma (abruptio placenta) & free fluid into the peritoneal cavity (?Heamoperitoneum,? uterine rupture)which was confirmed by CT abdomen.

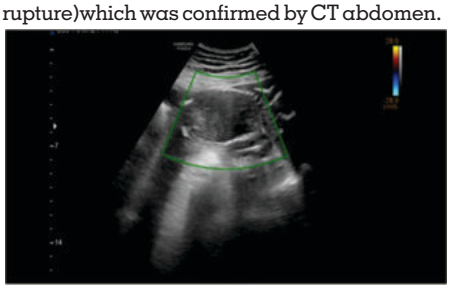

Figure 1. Fetal withou Heart beats

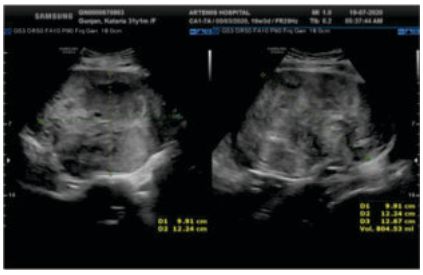

Figure 2. Heamatoma

Decision taken for Emergency Laparotomy showed complete rupture of right horn of bicornuate uterus at the level of fundus with gross haemoperitoneum approx.1.5 L with fetus in abdominal cavity. After draining of haemoperitoneum,Uterine reconstruction done

DISCUSSION-

In asymptomatic women, the presence of bicornuate uterus may not be detected until during pregnancy or delivery4,5. When our patient presented with severe pain abdomen ,she was taken up for urgent USG scan which showed uterine rupture with expulsion of dead fetus into the peritoneal cavity with gross heamoperitoneum .Exploratory laparotomy ,Blood and fluid replacement therapy were essential to save patient's life.

Obstetrical outcomes are generally reported to be better in cases of bicornuate uterus than in unicornuate uterus2. Due to the scar following the uterine rupture, pregnancy is suggested to be avoided at least for one year4. The subsequent pregnancy should be carefully monitored6.

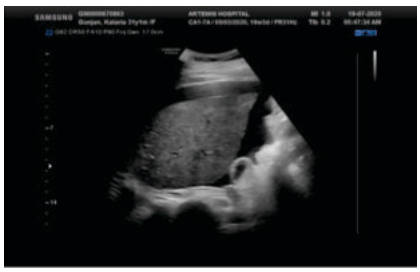

Figure 3.Perihepatic collection of fluid

Figure 4.Complete rapture of right horn of Bicornuate uterus

CONCLUSION-

This case highlights the fact that uterine rupture can occur in early pregnancy when associated with uterine anomaly. The clinician should be aware of this potentially life-threatening condition. Early sonographic diagnosis has a major contribution in evaluation and management.

Conflict of interest

Authors have no conflict of interest.

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