



A Case Report On Traumatic Uterine Rupture A Rare Case Of Neonatal Survival

KEYWORDS

Traumatic rupture, Transfundal rupture, Live intrauterine foetus

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ABSTRACT

Uterine rupture is a potentially catastrophic event during child birth with serious maternal and fetal outcomes. Majority of cases occur in women with scarred uteri or less commonly due to dysfunctional labour, labour augmentation, placenta increta. congenital anomalies, trauma and high parity.

Trauma is the leading no obstetrical cause of maternal death. The effect of trauma on the pregnant woman and unborn fetus can be devastating, we describe a rare case of transfundal traumatic uterine rupture with posterior extension and the neonatal survival

CASE REPORT:

A 3a-year-old pregnant woman $G_3P_1L_1A_1$ with 34wits gestation with one prior c/s was admitted in Govt. General Hospital, Kurnool, with a history of fall in bathroom followed by pain in the abdomen. No history of bleeding per vaginum, no history of draining per vaginum. Her PR-88/min, BP-120/80mmHg, Hb-10gm%. Abdominal examination revealed transverse lie with 34wks gestation, uterus tense and tender, FHR-132bpm, SUMI scar present. Emergency ultrasound done revealing a live intrauterine foetus of 33 wks, placenta low lying and anterior, no evidence of free fluid in the abdomen.

Emergency Exploratory Laparotomy done under spinal anaesthesia revealed about 6x4cm transfundal uterine rupture with 8cm posterior extension with foetal expulsion into the peritoneal cavity. Previous lower segment scar was intact Upon delivery, baby was alive with APGAR 8-10 without the need of resuscitation. Rent repair was done. Ri ovary found adherent to posterior part of uterus, Lt ovary normal. Rt and Lt tubes are buried in the mesosalpinx. Post-operative period uneventful and she returned home with a healthy baby

CLINICAL RELEVANCE:

Unless there is high clinical suspicion, a meticulous physical examination and patient monitoring it is difficult to diagnose the rupture uterus following blunt injury even with the help of sophisticated radiological imaging. A patient who presents immediately and is intervened urgently still had high perinatal mortality of 70-80%. Here is a rare case of traumatic rupture uterus with neonatal survival.



CONCLUSION

Traumatic rupture uterus is rare and may occur without conventional signs. Good maternal and fetal outcome is possible with high degree of suspicion for early diagnosis and prompt coordinated team response.

REFERENCE

1. Traumatic transfundal rupture of full term non-scarred uterus – M Pravin Kumar, Yadav B Jeve | 2. Traumatic Fundal rupture of unscarred uterus in a Primigravida – K Dohiya, N. Sangwan, S. Nanda | 3. A Month old traumatic rupture uterus – Mahajan, A Kale |