Original Research Paper

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SPONTANEOUS FUNDAL RUPTURE IN A PREVIOUS LOWER SEGMENT CAESAREAN SECTION PATIENT WITH AN INTACT SCAR: A RARE CASE REPORT

Dr. Pooja M C Assistant Professor, Dept. of OBG, Raichur Institute Of Medical Sciences, Raichur.

Dr Koli Rakesh Vannura Medical Retina Fellow, Shankara Eye Hospital, Shivamogga.

ABSTRACT **Introduction:**Fundal rupture of uterus is rare. Uterine will ruptured in previous Lscs patient with grand multipara, previous classical cesarean section, During fundal pressure . Spontaneous fundal rupture is rare and no literature is available regarding this . usually uterine rupture happens during delivery along previous scar.[1]**Aim:** To determine the cause of fundal uterine rupture in 23 years old G2P1L1 with 18 weeks POG with previous LSCS with IUD.**Material and methods:**23 years old female came to us with the complaints of Genaralised weakness since 3 days prior to admission and lower pain abdomen 12 hours prior to admission. She was G2P1L1 with 18 weeks 3 days POG with previous LSCS with IUD(LSCS done 3 years back) On admission her vitals pulse 76 beats per minute and Bp 106/68mmhg, spo2 98% at RA. Patient was conscious and oriented to time place and person. Not known case of Diabetic, Hypertension, thyroid disorder, epilepsy and collagen vascular disorder.**Results:** Emergency laparotomy with Uterine rupture repair done . Patient was transfused with 3 pint PRBC and 3 pint Fresh frozen plasma. Patient improved symptomatically and discharge her on Post operative day 2.

KEYWORDS : Fundal rupture; Uterine rupture; Previous LSCS; Second trimester; En caul; Hemoperitoneum

INTRODUCTION

Uterine rupture is defined as the complete disruption of all three layers of the uterus—the endometrium, myometrium, and perimetrium. It is a life-threatening obstetric emergency associated with significant maternal and fetal morbidity and mortality. Uterine rupture is more commonly seen in women with a previous classical caesarean section, grand multiparity, multiple gestation, or during labor through a previous uterine scar. However, spontaneous fundal rupture in a quiescent uterus with an intact previous lower segment caesarean section (LSCS) scar is extremely rare.Case Presentation.

AIMS AND OBJECTIVES

The aim of this case report is to present a rare case of spontaneous uterine fundal rupture in a 23-year-old gravida 2, para 1, living 1 woman at 18 weeks and 6 days of gestation, with an intact previous LSCS scar in a quiescent uterus. The report highlights the atypical clinical presentation, diagnostic challenges, and successful surgical management of this uncommon obstetric emergency.

MATERIALS AND METHODS

A 23-year-old G2P1L1 at 18 weeks and 6 days of gestation presented with complaints of fatigue and severe lower abdominal pain for 12 hours. She had undergone one previous LSCS three years earlier for fetal distress and had not attended any antenatal visits during the current pregnancy. On admission, she was hemodynamically stable, but fetal heart sounds could not be localized. Ultrasonography confirmed intrauterine fetal demise, extensive hemoperitoneum, intramural blood clots extending into the peritoneal cavity, and severe thinning of the previous LSCS scar. Laboratory investigations revealed severe anemia (Hb 6.3 g/dL), leukocytosis, prolonged coagulation profile, and elevated blood glucose levels. After stabilization and pre-anesthetic evaluation, emergency laparotomy was performed. Intraoperatively, the previous LSCS scar was found to be intact, while a 4-cm transverse fundal rupture with en caul extrusion of the fetus was identified. The fetus, placenta, and membranes were removed through the fundal defect, which was repaired in two layers using No. 1 Vicryl. The patient received two units of packed red blood cells and two units of fresh frozen plasma intraoperatively.

RESULTS

The patient had an unusual presentation with severe abdominal pain, profound anemia, and intrauterine fetal demise in the second trimester. Although scar rupture was initially suspected, surgery revealed an intact previous LSCS scar with spontaneous fundal rupture. Prompt diagnosis, emergency laparotomy, blood transfusion, and uterine repair resulted in successful maternal management despite the rare and potentially fatal nature of the condition.

DISCUSSION

The incidence of uterine rupture has increased in recent years, primarily due to rising caesarean section rates and labor inductions. Spontaneous rupture of an unscarred uterine fundus outside labor remains extremely uncommon. Early ultrasonography is invaluable in identifying uterine rupture and facilitating timely surgical intervention. In this case, the patient had no antenatal care, no history of hormonal drug use, and presented atypically, making diagnosis challenging. Current WHO recommendations advise delaying the next conception by at least 18 months following uterine rupture. According to ACOG, elective caesarean delivery at 36–37 weeks is recommended in future pregnancies. Two-layer uterine closure is preferred because it may reduce the …

CONCLUSION

Spontaneous fundal rupture with an intact previous LSCS scar in the second trimester is an exceptionally rare but life-threatening obstetric emergency. A high index of suspicion, prompt imaging, immediate surgical intervention, and adequate blood transfusion are crucial for improving maternal outcomes. Careful counselling regarding future pregnancies and planned elective

FIGURES

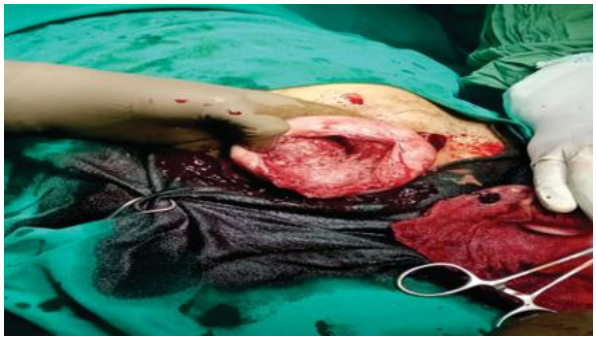

Figure 1. Fundal uterine rent with intact previous LSCS scar.

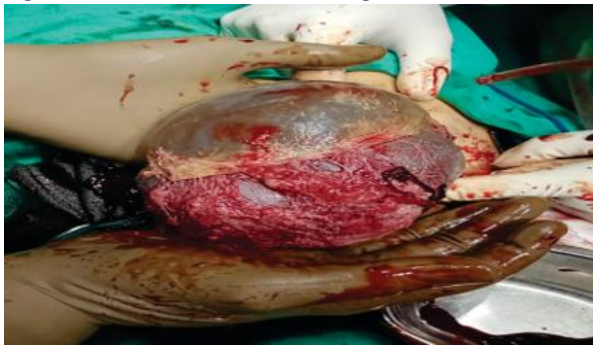

Figure 2. Exteriorized uterus showing fundal rupture.

Figure 3. Close-up of the fundal rupture with intact membranes.

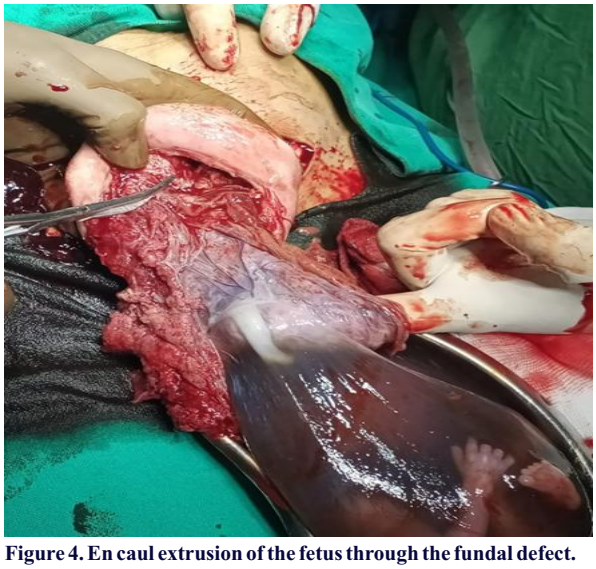

Figure 4. En caul extrusion of the fetus through the fundal defect.