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MANAGEMENT OF RUPTURE UTERUS- A STUDY OF 30 CASES.

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ABSTRACT

Uterine rupture is a major risk factor for maternal and perinatal mortality and morbidity.The choice of management lies between rent repair and hysterectomy. A study on 30 cases of uterine rupture over a period ranging from may 2008 to september 2010 admitted in V S G H and associate hospitals perfomed.Detailed history was taken,observations recorded in a sysematic way.The data wee grouped,analysed and compared with other series.Rent repair performed in 63.3% of cases,rent repair plus sterilisation in 3.3% of cases,subtotal hysterectomy in 16.6% of cases,subtotal hystrectomy plus bladder repair in 33.3% of cases.

INTRODUCTION

Uterine rupture is a tearing of the uterine wall during pregnancy or delivery.Rupture of previously unscarred uterus is usually a catastrophic event resulting in death of the baby,extensive damage to the uterus and sometimes even maternal death from blood loss.In india it accounts for 5-10% of all matenal deaths. Perinatal mortality ranges from 80-90%.Rupture of uterus is a dire emergency where the life of the mother as well as the fetus is in danger.Different modes of managements are practiced namely repair of the rent,total or subtotal hysterectomy,blsdder repair. The preferenceof management and outcome varies in different centres.

MATERIALS AND METHODS

A study on 30 patients over a period ranging from may 2008 to september 2010 admitted in V S G H and associate hospital performed. Spontaneous rupture was defined as rupture without any iatrogenic manipulation, of uterine rupture trauma or oxytocic drugs.traumatic rupture was defined as ruptue following obstetric manipulation,violence,trauma or use of oxytocic drugs. Complete rupture was defined when the whole uterine thickness including the visceral peritoneal cover involved. Incomplete rupture was defined as the separation of the uterine wall without extension through the entire thickness and the peritoneal cover. Previous history of any uterine surgery taken.

RESULTS.

1) ETIOLOGICAL FACTORS.

ETIOLOGY	NO. OF CASES	PERCENTAGE
Pr.LSCS	20	66.6
Obstructed labour	-	-
Oxytocics	03	10
Malpresentation	02	6.6
Grandmultipara	01	3.3
Congenital anomaly of uterus	01	3.3
Trauma	03	10
Version	01	3.3
Congenital anomaly of fetus	-	-
Not known	02	6.6
Improper implantation. (cornual pregnancy)	01	3.3

Rupture of the previous LSCS scar site was the most common etiologicalfacto associated with uterine rupture accounting fo 66.6% of cases.

2) SITE OF RUPTURE.

A) LOWER SEGMENT.

LOCATION	NO. OF CASES	PERCENTAGE
Ant trans	15	50
Ant tans with Lt ext	02	6.6
Ant tans with Rt ext	-	-
Ant trans with bilateal ext	01	3.3
Anterolateral on lt wall	03	10
Anterolateral on rt wall	01	3.3
Vertical tear on lower segment.	01	3.3
Post wall	02	6.6
Downward extension	01	3.3

B) UPPER SEGMENT.

NO. OF CASES	PERCENTAGE
04	13.30

In our study majority of patients,it was lower uteine segment which was affected.Only in 13.3% of cases upper segment is involved,2 were extension of tear from the lowe segment.In other 2 cases,in one there was cornual pregnancy and in other there was a pregnancy in rudimentary horn of uterus.

3) TYPE OF RUPTURE.

TYPE	NO. OF CASES	PECENTAGE
Complete	25	83.3
Incomplete	05	16.6

In our study 83.3% of cases were of complete variety and 16.6% were of incomplete type of uterine rupture.

4) DIFFERENT VARIETIES OF RUPTURE.

VARIETY	NO. OF CASES	PECENTAGE
Scar rupture	20	66.6
Spontaneous	02	6.6
Traumatic	08	26.6

In our study scar rupture accounting for 66.6%,spontaneous rupture in 6.6% and traumatic in 26.6% of casees.

5) OPERATION PERFORMED.

OPERATION PERFORMED	NO OF CASES	PERCENTAGE
Rent repair	19	63.3
Rent repair+sterilisation	01	3.3
Rent repair+bladder repair	-	-
Subtotal hysterectomy	05	16.6
Subtotal hysterectomy+bladder repair	01	3.3
Total hysterectomy	03	10
Total hysterectomy+bladder repair	-	-

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Rent repair+removal of rudimentory horn	01	3.3

In our study rent repair performed in 63.3% of cases,rent repair +sterilisation in 3.3% of cases,subtotal hysterectomy in 16.6% of cases,subtotal hysterectomy+bladder repair in 3.3% of cases,total hysterectomy in 10% of cases,rent repair+removal of rudimentoy horn in 3.3% of cases.In a study by Eden et al total hysterectomy was performed in 79.2% of cases ,supra cervical hysterectomy in 4.2 of cases,simple suture repair in 16.7% of cases,broad ligament repair in 25% of cases,ureteral ligation in 4.2% of cases,salpingo-oophrectomy in 29% of cases.

DISCUSSION.

In our study rupture of previous LSCS scar site was the most common etiological factor associated with uterine rupture and accounting for 66.6% of cases.Over a period of time previous LSCS has become major contributing factor.use of oxytocics and trauma accounting for 10% each, congenital anomaly of uterus accounting for 3.3% of cases,improper implantation in 3.3% of cases.study in Adigrat zonal hospital was showing CPD accounting for 53.7% of cases,Malpresentation accounting for 25.9% of cases,previous classical CS in 1.8%,Previous LSCS in 7.4%,placenta perceate and myomectomy in 1.8% of cases.

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CONLUSION.

-Uterine rupture is a major risk factor for maternal and perinatal mortality and mortality.

-In most of the cases,uterine rupture must be viewed as a potentially preventable complication.

-Great caution should be taken when managing a trial of labour of labour in women with previous uterine scar,especilly if labour has failed to progress.

-Proper antenatal and intranatal care,identification of hogh risk cases and education of people about supervised pregnancy and deliverywill reduce the occurance of uterine rupture.

-Different modes of management are practiced,namely rent repair,total abdominal hysterectomy and subtotal abdominal hysterectomy.The choice of treatment lies between epair of ent and hysterectomy.ent repair may be performed only in cases of scar ruptue or if the condition of the patient is too poo to withstand hysterectomy or to preserve child bearing function.However each patient requires treatment on her own merit.

-Recent advances in obstetrics,availability of wide range antibiotics,advances in anaesthesia and availability of blood transfusion have given to major surgical procedure ,a degree of safety never achieved before.As a result the maternal mortality has been reduced to considerable extent.

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