Research Paper Medical Science

Analytical Study of Uterine Rupture in Tertiary Care Center.

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ABSTRACT

Uterine rupture is an important cause of maternal and fetal mortality and morbidity. This is a retrospective study conducted in Government General Hospital, Kurnool from January to March 2015,to evaluate causes for increased incidence of uterine rupture.

KEYWORDS Rupture uterus,shock, haemoperitoneum.

Introduction

Uterine rupture can occur as a result of pre-existing injury or uterine anomaly, it may be associated with trauma, or it may complicate labour in a previously unscarred uterus.The most common cause of uterine rupture is separation of a previous caesarean section scar. Hysterectomy may be necessary to control hemorrhage.

Methods :

This is retrospective analytical study done at Government General Hospital,Kurnool during period from Jan to March 2015.

Patients with uterine rupture were admitted in labour room, a detailed history is taken, thorough clinical examination was done and appropriate investigations were done. Patient with shock was resuscitated with haemodynamic support and taken for laparotomy.The intra operative findings were noted. Maternal and fetal mortality and morbidity were assessed, in terms of hemorrhage, sepsis and its sequalae .

The fetal outcome was measured in terms of poor apgar and IUD.

Statistics:

In our hospital during Janurary to march 2015,

Total number of deliveries : 1940

Number of uterine rupture : 12.

Incidence is 6.1.for 1000 deliveries

Comparitive to normal vaginal delivery cases, prior LSCS cases has higher incidence of scar rupture.Morbidity is increased in these cases , hospital stay is increased due to post operative fever and endometriosis, wound sepsis and bladder rupture.

Results:

Uterine rupture and parity distribution

Gravida	number	%
primi	1	8.3
second	2	16.6
third	5	41.6
fourth	3	25
fifth	1	8.3

Uterine rupture and Gestational age

Gestational wks	number	%
32-34	4	33.3
35-37	1	8.3
>37	7	58.33

Uterine rupture and Obstetric history

Obstetric	Number	%
abortion	4	33.3
Neonatal death	3	25
twins	1	8.3

Uterine rupture - cause

Cause	number	%
Pre LSCS (1)	9	75
(2)	2	16.6
Grand multi	1	8.3

The antenatal cases should be booked and admitted 4wks before EDD.Women need strict, regular antenatal care, proper decision,proper management in time will reduce maternal and fetal mortality and morbidity.

Uterine rupture and haemperitoneum

hemoperitoneum	Number of cases	%
<500ml	1	8.3
500-1000ml	2	16.6
1-1.5L	8	66.6
>1.5	1	8.3

Discussion

For 1940 deliveries uterine rupture occurred in 12 cases, incidence being 6.1 for 1000 deliveries. Incidence of rupture occurred most in 3rd gravidae ,with two prior caesarean sections and in term gestation. Rupture occurred in unbooked cases. Uterine rupture occurred mostly with scarred uterus.The commonest clinical presentation is with abdominal pain and shock (66.6%).Blood transfusion was given to treat shock.

Rupture occurred mostly in the lower segment at the site of

previous scar.

Rent repair and tubectomy was done in most cases .

One patient had colporexsis . Sub total hysterectomy was done in two cases (16.6%).Bladder was involved in one case (8.3%).

The incidence of 6.1 per 1000deliveries in this study is similar to Mona Lydon- Rochelle et alNEng J Med 2001, incidence is 3-8.