IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

UTERINE RUPTURE COMPLICATED BY PELVIPERITONITIS: A case report

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Introduction:

Uterine rupture is a serious obstetrical accident, characterized by the presence of a partial or complete non-surgical continuity solution on a gravid uterus [1].

It is a major surgical emergency with a short-term impact on maternal and, above all, fetal prognosis. Incidence varies from country to country, with a particularly high rate in developing countries [2].

The prevalence of uterine rupture is 0.5/1000 deliveries in general population studies, with previous caesarean section being the main risk factor (3-4), There are many risk factors for uterine rupture, but the most common is a previous caesarean section. Spontaneous uterine rupture in a healthy uterus remains a rare event (5).

Case report:

Patient aged 34, mother of two children delivered by caesarean section, admitted for acute abdomino-pelvic pain evolving for 4 days Manuscript without author details Click here to view linked References in a febrile context associated with vomiting and a transit disorder in a presumed full-term pregnancy.

Clinical examination revealed a conscious patient with generalized mucocutaneous pallor and a grayish complexion, impenetrable blood pressure, tachycardia at 130 beats per minute and a fever of 39°C.

Abdominal examination revealed generalized abdominal tenderness, and gynecological examination revealed a closed cervix with no detectable bleeding.

Pelvic ultrasound showed a large peritoneal effusion detaching the liver, with the presence of a fetus under the skin; the uterus was empty with no adnexal abnormalities.

Biological workup showed hemoglobin 6.2 g/L, prothrombin 80%, CRP 200 mg/L, white blood cells 20,000/mm3, and normal renal function.

Surgical exploration revealed intra-abdominal macerated fetal death , a normal-sized uterus with a segmental uterine rupture plugged by the intestines (Fig.1), and a copious purulent peritoneal effusion aspirated, The rupture was refracted and a Redon drain inserted.

Post-operative management was straightforward, and the patient left our facility after 7 days.

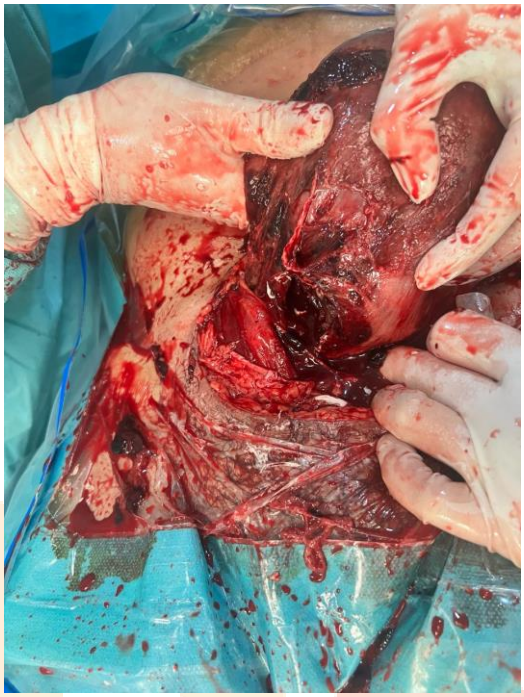

Figure 1 : rupture utérine segmentaire

Discussion:

Uterine rupture is a rare and dangerous obstetric complication associated with maternal mortality and morbidity rates ranging from 20.8% to 64.6% (6).

The uterine wall and its serosa rupture. The uterine lumen communicates with the peritoneal cavity (7).

The increasing rate of caesarean section is exposing more and more women to uterine rupture. However, according to the literature, 370 caesarean sections would have to be performed to avoid uterine rupture [8], and 588 caesarean sections to avoid a serious fetal complication [9].

Risk factors associated with uterine rupture include a history of uterine surgery, obstructive dystocia, inappropriate use of oxytocin, trauma and surgical injury obstetrics.

Uterine scar rupture can occur after caesarean section, myomectomy, uterine perforation repair, hysteroplasty and other surgeries involving the uterus (10).

In our case, the uterus was scarred (history of two caesarean sections).

Uterine rupture is characterized by the non-specificity and heterogeneity of its symptomatology, leading to diagnostic delay (11), as in our patient where uterine rupture was diagnosed at a stage of pelvi-peritonitis.

Laparotomic repair of uterine rupture proved superior to laparascopic repair.

Conclusion:

The low rate of uterine rupture and the associated maternal and neonatal complications confirm the need for careful selection of patients who are offered a vaginal delivery attempt, as well as the importance of monitoring patients at high risk of complicating a uterine rupture in order to avoid certain complications that can jeopardize both fetal and maternal prognosis.

Guarantor of Submission

The corresponding author is the guarantor of submission.

Source of Support

None.

Consent Statement

Written informed consent was obtained from the patient for publication of this

article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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