



Complete Rupture of Uterine scar at 14 weeks of gestation

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Objective

Uterine scar rupture is a rare life-threatening complication. It usually occurs in the third trimester of pregnancy and during labour. It is a very unusual phenomenon during first and second trimester especially in previously scarred uterus. contributing factors are advanced maternal age, grand multiparity, placenta increta, macrosomia, shoulder dystocia, and medical termination of pregnancy. The overall incidence of uterine rupture in unscarred and scarred uteruses is 0.7 and 5.1 per 10 000 deliveries, respectively.

Methods

G4, P 3, Previous cesarian section (CS) attended casualty with shock. Ultrasound suggested free fluid in the abdomen and pregnancy corresponding to the gestational age in the lower segment. Immediate laparotomy was carried out. Patient had agreed to total abdominal hysterectomy prior to theatre which was carried out as the uterus was unable to be saved.

Results

Uterine rupture in the first or second trimester of pregnancy is extremely rare, and may vary in presentation and course of events, which make the clinical diagnosis challenging. The symptoms may be masked by changes in physiology and anatomy. our case might have been a scar pregnancy however sac and placenta were easily removed during pregnancy.

Conclusion

Ultrasound findings of intraperitoneal fluid collection with an intrauterine pregnancy do not exclude uterine rupture or ectopic pregnancy. Uterine rupture should be first ruled out in all pregnant women presented with acute abdominal pain regardless of their gestational age.

