

A case report of a uterine rupture following vaginal birth after cesarean section

Dema E

American Hospital, Tirana, Albania

Objective

Our objective is to present a rare case of a 23 years old Albanian Woman who was admitted to our emergency service of Obstetric and Gynecology department in a hemorrhagic shock situation. She had a cesarean section delivery four years ago. Actually she had given birth vaginally to a male baby weighting 3500 gram and the placenta in the car before arriving in the hospital. She had a severe vaginal bleeding. In admission she had a severe vaginal bleeding, she was pale and she was not able to communicate.

Methods

The method used in our case report is a detailed description of our case report, how the case is diagnosed, managed, treated, what are the results and conclusion.

Results

Manual revision of the uterus revealed rupture in the anterior wall of the uterus above the cervix. Abdominal ultrasound demonstrated a hyperechogenic area of 26 mm at the area of the uterine scar, with no free fluid in the abdomen. Her vital signs were altered. She had hypotension, tachycardia, filiforme pulse. Her blood test results showed a severe anemia with HgB 2.4 g/dl, RBC 6.8 million/L, WBC 12.5, PLT 265, ALT 7, AST 18, TOTAL BILIRUBIN 0.1, UREA 24, CREAT 0.45, PT 76%, INR 1.2. She was taken to the operation room for explorative laparotomy through the previous Pfannenstiel scar. No blood was seen in the abdominal cavity. Separation of the peritoneum revealed a rupture of 6 cm in the left side of the previous uterine scar. The urinary bladder was intact. The rupture was repaired. She received blood products and remained hemodynamically stable during the operation. Her blood test result after 3 units of blood transfusion were HgB 8.9, RBC 2.98, WBC 27.6 and the other results were in the normal range. Her follow-up was unremarkable, and she was discharged within 7 days.

Conclusion

The concern for uterine rupture is high when vaginal birth after cesarean section is attempted. Most cases occur during labor and pose a great risk for both mother and fetus. Manual revision of the uterus performed a few minutes after delivery may help the diagnosis of uterine rupture. Usually, emergent laparotomy is performed with no additional evaluation. Therefore, there is little information regarding the sonographic appearance of the ruptured uterus. The sonographic signs of uterine rupture include irregularity in the lower uterine segment. Ultrasound may aid in the diagnosis of active bleeding into the abdomen and may help in the diagnosis of complete vs. incomplete rupture of the uterus, as well as for preparing blood products. We recommend using ultrasound in suspected cases as an additional method to clinical evaluation.