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A Case of Postpartum Uterine Rupture with Massive Hemorrhage In a Multigravida with History of Prior Caesarian Section

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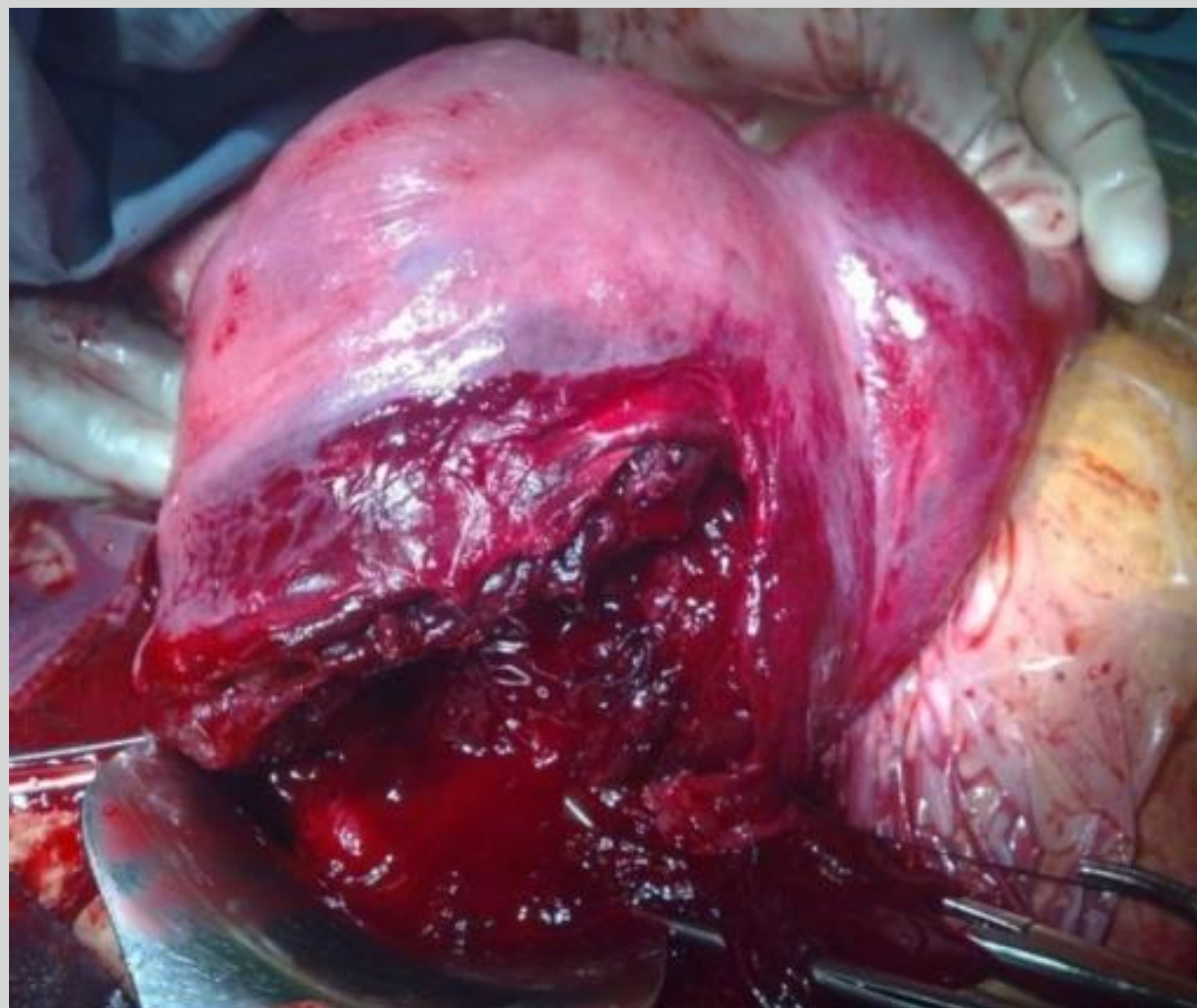


Introduction

Uterine rupture is a life-threatening complication for women undergoing trial of vaginal birth after previous cesarean delivery (VBAC). The incidence of uterine rupture is 0.78% for VBAC with prior low transverse uterine incision.

Uterine rupture may result in fetal compromise or maternal hemorrhage sufficient to require postpartum laparotomy.

We are reporting a case of postpartum uterine rupture with massive hemorrhage in a multigravida with a history of prior Caesarian section.



“Uterine rupture with life threatening hemorrhage managed by peripartum hysterectomy,” as found in Machado LS (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234143/>). Creative Commons BY-NC-SA: <http://creativecommons.org/licenses/by-nc-a/3.0/>. Copyright: North American Journal of Medical Sciences.

Case Description

At 40 weeks EGA a 31 year old G7P3043 with morbid obesity and history of prior low transverse caesarian delivery presented for trial of labor. Labor was prolonged and a healthy baby with Apgar score of 9/10 was delivered with vacuum assistance.

Patient developed persistent profuse postpartum hemorrhage despite the intervention with oxytocin, methylergometrin and bimanual massage.

Bedside ultrasound showed uterine anomaly and exploratory laparotomy revealed uterine rupture.

Total abdominal hysterectomy along with left iliac artery ligation was performed to control bleeding. Patient also required massive transfusion of blood products and subsequently recovered without any sequelae.

Signs and Symptoms of Postpartum Uterine Rupture

- Prolonged, late, or recurrent variable decelerations or fetal bradycardia
- Breakthrough pain with epidural analgesia
- Vaginal bleeding
- Sudden-onset abdominal pain
- Uterine hyperstimulation or cessation of contractions
- Hypovolemic shock

Anesthetic Implication of Uterine Rupture with Massive Blood Loss

- Early recognition and resuscitation
- Intravenous access and aggressive volume replacement
- Use of uterotonic agents
- Vasoactive drugs
- Conventional blood product administration
- Rapid infusion system
- Life saving procedures such as arterial ligation, embolization and hysterectomy

Summary

- Previous vaginal delivery is the greatest predictor for successful vaginal birth after cesarean delivery.
- Continuous FHR monitoring represents the best means of detecting uterine rupture.
- Epidural analgesia does not delay the diagnosis of uterine rupture.

Risk Factors For Uterine Rupture

- Type of uterine incision
- Multiple prior cesareans
- Short interpregnancy interval
- Used single layer uterine closure
- Prior preterm cesarean
- Uterine anomalies
- Intrauterine manipulation
- Use of prostaglandins
- Labor induction and augmentation

References

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