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PREGNANT UNSCARRED UTERINE RUPTURE IN TODAY'S ERA: A MYTH VERSUS REALITY

Naina Kumar and Ashu Yadav

Maharishi Markandeshwar Institute of Medical Sciences and Research, Haryana, India

Introduction: Uterine rupture is a catastrophic event with high maternal perinatal morbidity and mortality. Unscarred uterine rupture is rare, occurring in 1/5700 to 1/20,000 pregnancies.

Objectives: To estimate the incidence of unscarred uterine rupture, its causes, effect on maternal perinatal morbidity mortality in rural tertiary care center of Northern India.

Methodology: Present study was conducted in the Obstetrics and Gynecology department after Institutional Ethical approval and written informed consent from participants over period of two years (Jan'2016-Dec'2017). All antenatal women presenting with clinical features of uterine rupture with no history of uterine surgery were enrolled as cases. A detailed obstetrical history and thorough general, physical and obstetrical examination of patient was conducted. History of onset of symptoms or abdominal pain and prior treatment at other center or by quack was also noted to know the cause of rupture.

Results: Total 17 unbooked antenatal women with unscarred uterus had uterine rupture. Of these, two were primigravida and 15 multigravidas. One woman presented with uterine rupture at 29+2 weeks with bicornuate uterus and remaining 16 women were term. Four women had frank hematuria with bladder injury. Eight were brought in a state of shock (blood pressure <-90/60 mmHg, pulse rate >120 beats per minute) with massive bleeding per vaginum. Fetuses were live in only four cases and in 13 cases fetuses were dead and lying in abdominal cavity. In five cases uterus could be repaired and saved, whereas 12 women needed hysterectomy either for extensive rupture or deteriorating maternal condition. There were no maternal deaths.

Conclusion: Hence, real incidence of pregnant unscarred uterine rupture is high especially in developing countries as compared to that mentioned in literature. Also, this may be only a tip of ice-berg as most women who suffer extensive uterine rupture fail to reach tertiary center and succumb.

drnainakumar@gmail.com