



CASE REPORT

Primary Uterine Rupture due to Irrational Consumption of Labisia Pumilla alongside with Abruption Placentae

Luthfi Rahman, Kania Praharsini, Ruswana Anwar

Department of Obstetrics and Gynecology, Hasan Sadikin General Hospital-Padjadjaran University, Bandung, Indonesia

Introduction

Uterine rupture is a rare obstetric and surgical emergency often associated with catastrophic obstetric complications. Traditionally, an unscarred uterus without risk factors is considered immune to rupture, and information about its risk factors is limited owing to its rarity. **This case report presents a G2P1A0 35-year-old woman with an acute abdomen and spontaneous unscarred uterine rupture >15 cm after consuming herbal water.**

Case

A 35-year-old G2P1A0 with **abdominal discomfort** 3 h before admission due to suspicion of IUFD

History taking

- No complication in her previous pregnancy
- History consumption of extracted herbal water made from the boiled water of Rumput fatimah

Diagnosis

G2P1A0 parturient full-term latent phase, acute abdomen due to suspicion of placental abruption dd/rupture uteri, and intrauterine fetal death

Management

Exploratory Laparotomy



Findings:

- Stillbirth, female, 2350 g, 44 cm
- Ruptured uterus \pm 15-18 cm
- Placenta located outside the uterus



Subtotal Hysterectomy

Discussion

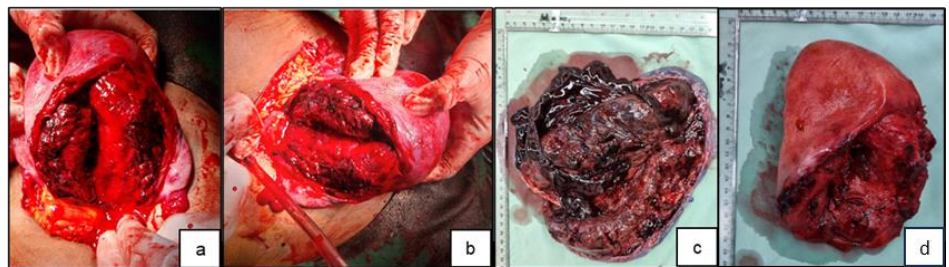
Rumput Fatimah, also known as **Labisia pumila (LP)** is a traditional herb commonly used as postpartum medication and was known to facilitate childbirth. The effect of *L. pumila* in the human body is dose-dependent. Some studies suggest that *L. pumila* extract may induce estrogenic activity and contain compounds with binding affinities for estrogen receptors ER α and ER β . This ER signaling promotes uterotonic action and the onset of labor. **The irrational consumption of extract *L. Pumila* in this patient rise and induce contraction as a birth induction.** Sequential labor induction is believed to be a major risk factor for uterine rupture. Induction of labor at 41^{3/7} or 41^{5/7} weeks increases the risk of uterine rupture.

Other factors that contributed to uterine rupture in this patient were **placental abruption (PA)**. Placental abruption may contribute to uterine rupture and peripartum hysterectomy. **A prolonged decision-to-delivery interval increases perinatal morbidity and mortality.**

Conclusion

Uterine rupture is a rare obstetric and surgical emergency often associated with catastrophic obstetric complications.

Rational use of herbal medicines must be implemented to prevent unwanted complications.



Uterine Rupture; (a) intraoperative image of uterine rupture of anterior side; (b) intra-operative image of uterine rupture from lateral side; (c) Gross specimen of placenta; (d) Gross specimen of uterus

Reference

1. Uccella S, Cromi A, Bogani G, Zaffaroni E, Ghezzi F. Spontaneous prelabor uterine rupture in a primigravida: a case report and review of the literature. *Am J Obstet Gynecol*. 2011;205(5):e6-8.
2. Egan TO, Hille-Ekane GE, Tchente CN, Nyemb JE, Billey-Priso E. Management of uterine rupture: a case report and review of the literature. *BMC Res Notes*. 2016;9(1):1-5.
3. Turck D, Bohm T, Castemiller J, De Hamaey S, Hirsch-Ernst KJ, Maciak A, et al. Safety of an aqueous ethanolic extract of *Labisia pumila* as a novel food pursuant to Regulation (EU) 2015/2283. 2022.
4. Chua LS, Lee SY, Abdullah N, Sarmidi MR. Review on *Labisia pumila* (Kacip Fatimah): Bioactive phytochemicals and skin collagen synthesis promoting herb. *Fitoterapia*. 2012;83(8):1322-35.
5. Rydahl E, Dederq E, Juhl M, Malmberg RD. Routine induction in late-term pregnancies: follow-up of a Danish induction of labour paradigm. *BMJ Open [Internet]*. 2019 Dec 1;9(12):e032815. Available from: <http://bmjopen.bmj.com/content/9/12/e032815.abstract>
6. Bapokowska M, Kosztela-Karczyńska K, Zaliczajska M, Brawura-Biskupski-Simaha R, Rebizant B, Cibiera M. Epidemiology, Risk Factors, and Perinatal Outcomes of Placental Abruption—Detailed Annual Data and Clinical Perspectives from Polish Tertiary Center. *Int J Environ Res Public Health*. 2022;19(9):5148.
7. Ayeni OM, Aboyeji AP, Ijaya MA, Adesina KT, Fawole AA, Adeniran AS. Determinants of the decision-to-delivery interval and the effect on perinatal outcome after emergency caesarean delivery: a cross-sectional study. *Malawi Medical Journal*. 2021;33(1):28-36.

