In the right place at the right time

A case of second-trimester uterine rupture

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Intro

Second-trimester prelabour uterine rupture is rare and often catastrophic. Survival is dependent on time to diagnosis and availability of specialists and resources.

Prelabour rupture in earlier trimesters can present with non-specific symptoms, posing diagnostic challenges and delaying management.

Aim

This case aims to spread awareness of second-trimester prelabour uterine rupture, especially in women with risk factors for intrapartum rupture.

Case

29-year-old G5P2M-1 presented to a regional hospital at 19K with a small APH, abdominal pain and a placental marginal bleed favouring abruption (FHR present).

Obstetric History

IUFD at 32K for severe IUGR

classical emLSCS for APH at 28K

Transferred to a tertiary centre for anaesthetic concerns (Chirari I malformation)

Hours later, absent FHR was observed following a period of absent movements and worsening pain.

Rpt USS confirmed IUFD with significant free fluid on FAST scan, prompted by obscure fetal positioning.

An exploratory laparotomy confirmed a complete midline uterine rupture with foetus ex utero.

An emergency TAH was performed, with EBL at approximately 4L.

Conclusion

- Her post-operative course was uneventful. Whether the abruption precipitated a rupture or merely concealed its' symptoms is unclear
- This case highlights the difficulty in diagnosing mid-trimester uterine rupture, the fortuitous timing of this case in a tertiary facility and its risk for high morbidity and mortality.
- Uterine rupture should be considered in all pregnant women with persisting abdominal pain and a scarred uterus, especially in the context of a classical incision. Utilisation of early bedside FAST scans to screen for hemoperitoneum is recommended.