

Case Report: A Rare Case of Simultaneous Uterus and Bladder Rupture in Scarred Uterus

Dr Shivangi Sahewala
B.J. Medical College, Ahmedabad

Abstract: — Uterine rupture in the course of pregnancy is a well-documented complication, and the majority of cases occur in women with scarred uteri. Cases of bladder rupture, accompanied by uterine rupture, have been rarely reported.

I. INTRODUCTION

Uterine rupture in the course of pregnancy is a well-documented complication, and the majority of cases occur in women with scarred uteri. Cases of bladder rupture, accompanied by uterine rupture, have been rarely reported.

CASE

A 32 year old pregnant woman had complaint of pain lower abdomen and hematuria at three months of pregnancy. The patient had history of previous four caesarean sections. Last surgery was performed 7 years ago with tubal ligation which was followed by tubal recanalisation 1 year ago. Patient was catheterized at a peripheral centre which showed frank blood in urine collection bag.

Ultrasound examination showed dead fetus in urinary bladder with approx 9 mm sized breach in posterior bladder wall and anterior wall of lower uterine segment. Femur length of fetus measures approx 8 mm corresponding to 12 weeks and 1 day. Emergency exploratory laparotomy was performed.

Subtotal peripartum hysterectomy done as uterine repair was not possible. Transverse defect of 6 cm over fundus and posterior wall of bladder was repaired in 2 layers. A Foley's catheter was left in place for 14 days, removed thereafter without any complication. The patient had achieved a full recovery by the 1-year follow-up examination.

Discussion

Uterine rupture in the course of pregnancy is a well-documented complication, and the majority of cases occur in women with scarred uteri.

The scarred uteri are often secondary to previous caesarean sections, salpingectomy with cornual resection, myomectomy, iatrogenic uterine perforation, or less commonly to placenta increta, congenital anomalies, trauma and sacculation of entrapped retroverted uterus.

The risk of uterine rupture ranges from 0.5% to 9%. The major risk factor for any form of rupture is prior caesarean delivery. In this case the patient had previous four caesarean sections which make her prone to uterine rupture.

Gross hematuria is the most common sign of uterine rupture associated with bladder rupture. The signs and symptoms directly correlate with the time of bladder rupture. Our patient presented with gross hematuria, progressive abdominal pain. Prior four caesarean deliveries is a major risk factor in this case. The management of uterine and bladder rupture usually requires laparotomy.

In conclusion this case denotes the importance of follow up of women undergoing c-section. Antenatal patients who have prior c-section with symptoms of urinary incontinence or gross hematuria should seek opinion and advice. In addition to uterine rupture, the possibility of bladder injury should be included in the patient's antenatal counseling.