

- Trimester Uterine Rupture: Lesson Learned.

Dalia F¹, Hamizah I², Zalina N³, Arif R⁴, Azam M⁵, Mokhtar A⁶, Roziyah I⁷, Azlina AR⁸, Azrul MS⁹(2011).
Malaysian Journal of Obstetrics & Gynaecology(2011), Second Vol. 8 No. 21

Department of O&G, Kulliyah of Medicine, International Islamic University of Malaysia,^{1,2,3,4,6} Hospital Tengku Ampuan Afzan, Pahang^{5,7}.

Department of Pathology, Hospital Tengku Ampuan Afzan, Pahang⁸.

Department of Forensic Medicine, Hospital Tengku Ampuan Afzan, Pahang⁹.

Introduction:

Uterine rupture is a rare obstetrics catastrophic especially if it occurs during early pregnancy. We experienced three cases of ruptured uterus in the second trimester that first line doctors and obstetrician could learn lessons from.

Objectives:

To study the presentations and outcome of uterine rupture in the second trimester.

Methodology:

A retrospective review of uterine rupture in Hospital Tengku Ampuan Afzan from the 1st of April 2010 to the 1st of April 2011. Data obtained from case records, histopathological and autopsy reports.

Result:

There were 3 cases of uterine rupture. First case, uterine rupture at 15 weeks post sexual intercourse, undiagnosed until postmortem. Second case: ruptured uterus at 24 week diagnosed at laparotomy with the indication of failed medical termination for fetal anomaly. Third case: ruptured uterus at 21 weeks following abdominal massage with initial diagnosis of acute gastroenteritis. The final diagnosis was ruptured uterus secondary to placenta percreta, related to medical induction and interstitial pregnancy respectively.

Conclusion: Rupture uterus should be considered with or without any risk factors regardless of the gestational age whenever any impression of hemoperitoneum. Intensive surgical method would be needed for accurate diagnosis and immediate management even in early pregnancy is a life saving.