

# Diagnosing intrapartum ruptured uterus by ultrasound, a case report

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## Abstract

One of the life threatening emergency and catastrophic complications in obstetrics which may lead to maternal and fetal mortality is ruptured uterus, which could be spontaneous or induced .

Our case report presents a 41 years old lady, pregnant with a single fetus in 33 weeks gestational age, with two previous cesarean sections, who presented in labor and to show the role of ultrasound to diagnose intra partum ruptured uterus. This case is rare and difficult to diagnose intra partum.

**Objective:** Our case report showed the role of ultrasound in diagnosing intra partum uterine rupture, based on ultrasound findings .

**Keywords:** intra partum ruptured uterus, ultrasound

## Case Report

Our case presents a 41 year old female lady, para 3, with previous two cesarean sections. Both cesarean sections were at term, and the last cesarean section was five years ago. She was pregnant with a single fetus at 33 weeks gestational age. Our patient presented to the emergency room with abdominal pain mainly at the site of her previous scar.

**Patient examined:**

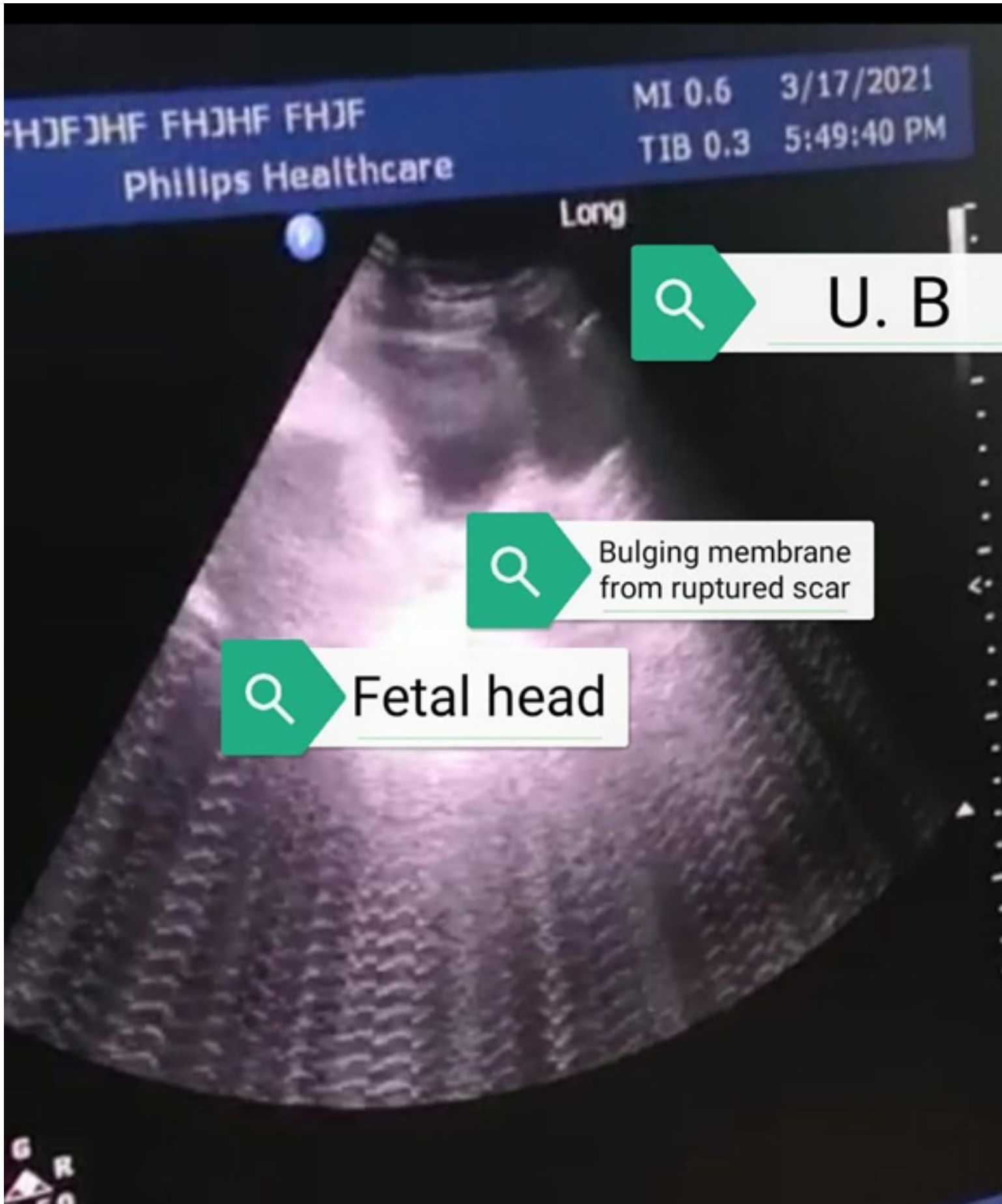
Her vital signs: BP:120/80mPR:90/minute ,temp:37.4c.

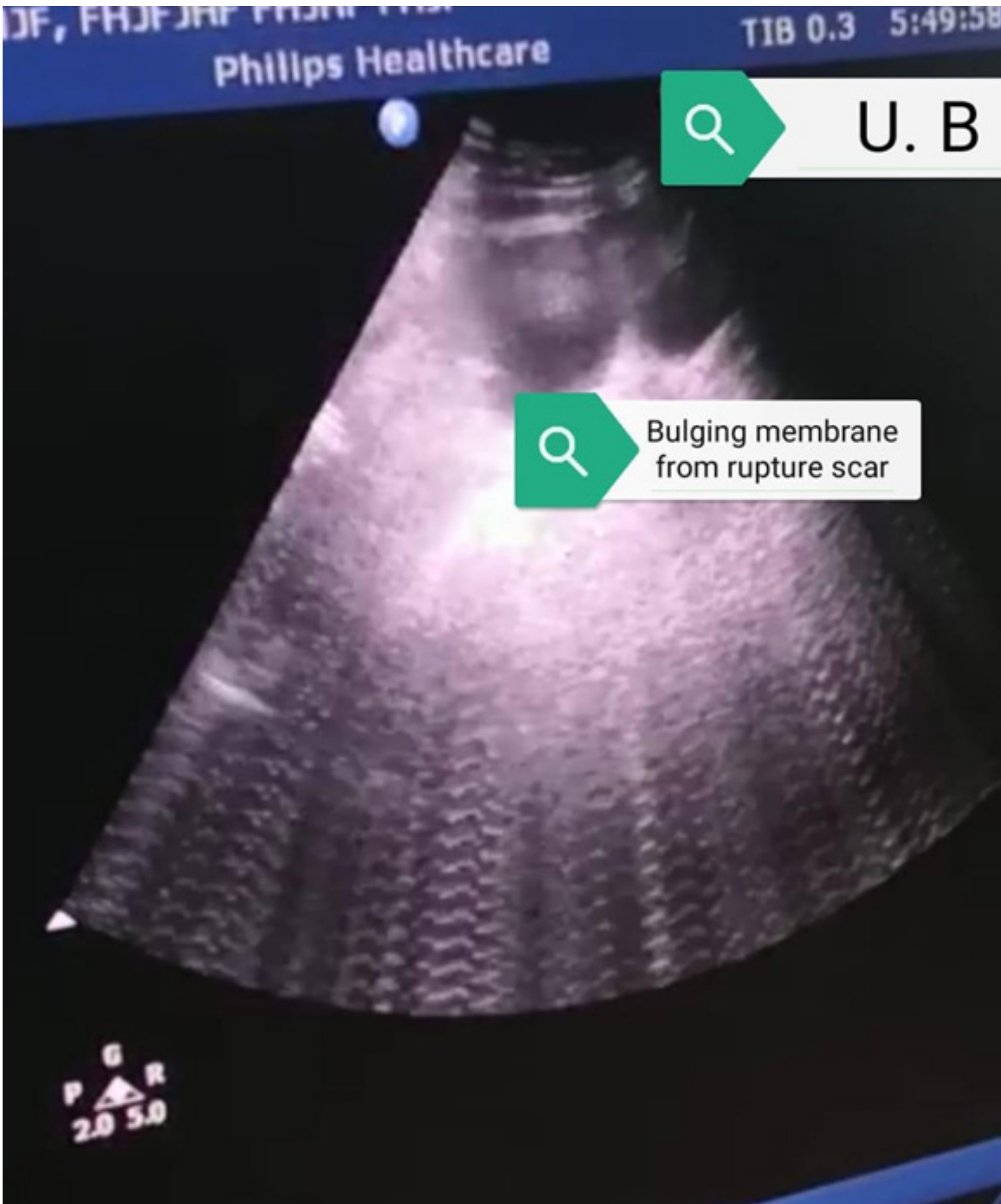
**Her lab tests were:**

hb:12.3,plat:230. Pt :18,inr:,7.

abdomen: soft, lax, tenderness on deep palpation at the site of her scar.

**On ultrasound:** single viable fetus, the measurement fits with 33 weeks gestational age, fetal heart was positive on Doppler rhythm, presents 150 beats /minute. At the anterior uterine wall at the site of patients' previous scar reveals very thin scar with balloon sign at the thin area of the scar present, scar defect mostly dehiscence scar.





Philips Healthcare

TIB 0.3 5:49:58



U. B



Bulging membrane from rupture scar

P G R  
2.0 5.0

Non stress test reveals normal heart rate, with no detectable contractions. Our decision was taken for urgent cesarean section. Our patient was prepared, sent to the theater with two iv lines ready.

**Intra operation findings were :**

abdominal walls opened in layers, when the peritoneum incised, clots of blood, organized one covering the site of scar, removed.



Amniotic sac protruded through the lower uterine transverse previous scar, goes with ruptured uterus.



Delivered male alive with Apgar score 9/10,  
Placenta and membranes delivered completely,  
Uterus repaired in two layers, haemostasis secured, intra abdominal drain inserted.  
The hospital course was smooth and discharged at her third day of operation with good general condition.

## Conclusion

**Ruptured uterus is one of the obstetric emergencies that may lead to maternal and fetal mortality.**

**Early detection of ruptured uterus will improve the maternal and fetal outcome.**

**Ultrasound has a role in the diagnosis of intra partum uterus.**