Int. J Med. Pharm. Res. (P-ISSN: 2958-3675 | E-ISSN: 2958-3683)
Available on: https://ijmpr.in/
DOI:

International Journal
of Medical and
Pharmaceutical Research

ORIGINAL ARTICLE OPEN ACCESS

RUPTURE UTERUS STILL AN ALARMING EMERGENCY

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OPEN ACCESS

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Received: 03-03-2024
Accepted: 10-03-2024
Available online: 15-04-2024

ABSTRACT

Rupture uterus is a tear in the uterine wall. there are two types of uterine rupture: complete, incomplete. Common causes are previous cesarian section and randmultiparity, obstructed labor etc. Aim of this study is to identify incidence, risk factors and fetomaternal outcome in KING GEORGE HOSPITAL, ANDHRA MEDICAL COLLEGE, VISHAKHAPATNAM over a period of 1year from October 2022 to September 2023.In this study incidence is 0.7%,most common risk factor is previous cesarian section. with maternal mortality of 7.2% among rupture uterus patients. It can beprevented by proper counselling of patients regarding regular antenatal checkups and family planning services and early referral to higher centers

Key Words: *previous cesarean section, multiparty, obstructed labor, uterine rent repaire, peripartum hysterectomy*

INTRODUCTION:

Uterine rupture is a tear in the uterine wall. A systematic review conducted by WHO reported incidence of uterine rupture is 1in 2000 in community based studies and 1in 300 in facility based studies . There are two types of uterine rupture ,complete rupture is full thickness separation of uterine wall and overlying serosa. incomplete rupture is separation of preexisting scar without disruption of overlying serosa. common causes are previous cesarian section, ultiparity, obstructed labor, curettage, blunt or penetrating injury, instrumental delivery, external cephalic version, manual removal of placenta, injudicious use of oxytocin and prostaglandins, malpresentations, unicornuate uterus, rudimentary horn.

AIMS AND OBJECTIVES:

To study the incidence of uterine rupture. To study the risk factors of uterine rupture. To study the fetomaternal outcome in uterine rupture.

MATERIALS AND METHODOLOGY :

It is an observational study at KING GEORGE HOSPITAL, ANDHRA MEDICAL COLLEGE ,VISHAKHAPATNAM . Among the mothers who underwent laparotomy for ruptureuterus. Data on obstetrichistory,int raoperative findings ,postoperative complications, maternal and perinatal outcome are collected and analysed. PERIOD OF STUDY: 1year from October 2022 to September 2023.

STATISTICAL ANALYSIS : Results are formulated in tabular forms and analysed in percentages

RESULTS

RUPTURE UTERUS	55	0.7%
COMPLETE	35	63%

INCOMPLETE	20	36.3%

Previous cesarian section	41	74.5%
multipara	9	16%
Obstructed labor	4	7.2%
Injudicious use of prostaglandins	5	9%
Brow presentation	1	1.8%
Shoulder presentation	1	1.8%
Instrumental delivery	1	1.8%

MANAGEMENT

Uterine repair	49	89%
Peripartum hysterectomy	6	10.9%

POST OPERATIVE COMPLICATIONS

Heamoperitoneum	6(10.9%)
Bladder injury	1(1.8%)
Difficulty in removing impacted head	4(7.2%)
ICU admission	20(36.3%)

Fundus	2(3.6%)
Lower segment	48(87.2%)
longitudinal	4(7.2%)
Low lying	1(1.8%)

Need massive blood tranfusions	6	10.9%
Acute kidney injury	2	3.6%
sepsis	6	10.9%
Heamorrhagic shock	5	9%
Multiorgan dysfunction syndrome	4	7.2%

EFFECTS ON FETUS

APGAR < 8	6(10.9%)
NICU admission	25(47%)
PERINATAL MORTALITY	20(36.3%

DISCUSSION : .

Rupture of the gravid uterus is an unexpected and potentially life threatening complication. It still constitutes one of the most serious obstetrical emergencies . Despite the advances of modern medicine, it continues to cause adverse fetal and maternal health consequences. The incidence of uterine rupture among patients admitted in our facility emergency department is 0.7%.

The important risk factors in this study are previous cesarian section, grand multi parity, obstructed labour and instrumental delivery.

The single risk factor contributed to 74% cases of uterine rupture is previous cesarian section, therefore ,a great degree of caution should be taken while managing patients with previous scarred uterusand by counselling women with previous cesarian section to deliver in tertiary care hospital. The consequences of this potentially life threatening condition depend on the time that has elapsed from the occurrence of rupture until the definitive management .prompt maternal supportive and resuscitative measures should be undertaken to avoid catastrophic consequences like life threatening uterine heamorrhage and maternal shock.The incidence of uterine rupture can be reduced by decreasing the number of primary cesarian sections and by auditing of cesarian sections. Intra operative difficulties in obstructed labor

like edematous and drawnup bladder and and delivery of impacted head can overcome by careful opening of peritoneum to prevent injury to bladder and delivery of impacted head by patwardhans and modified patwardhans technique. Prevention of postpartum heamorrhage by active management of third stage of labor.As there is increased risk of sepsis it can be prevented by giving pre and postoperative antibiotic prophylaxix. Incidence of uterine rupture can be decreased by preventing injudicious use of prostaglandins and oxytocin.

CONCLUSION:-

Multi parity, previous cesarian section, obstructed labour are specially associated with uterine rupture. It can be prevented by proper counselling of patients about family planning, regular antenatal checkups and early referral to higher centres. By using partograph for monitoring of labour for early diagnosis of prolonged labour. Identifying the pregnant women at risk of uterine rupture and facilitate a hospital delivery for them.

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