

Spontaneous Uterine Vessels Rupture in a Pregnant Woman: A Case Report

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Introduction: Hemorrhagic disease during pregnancy is a major cause of hospital admission and maternal mortality in the world. The most leading causes of maternal hemorrhage during pregnancy are abnormal placentation, ectopic pregnancy, molar pregnancy, and preeclampsia. There are a few case reports of spontaneous rupture of uterine vessels in the literature. The diagnosis of this event, which is hazardous to the pregnant women is difficult due to its rarity.

Case Presentation: Our patient was a 32-year-old primigravid woman presented with abdominal and flank pain. Her gestational age was 30 weeks. During admission in Aria Hospital, she had a significant hemoglobin level drop and developed signs of acute abdomen.

Conclusions: Laparotomy was performed and fundal uterine vessels rupture was seen and ligated. A 30-week-male fetus was born by cesarean section. Now the fetus is alive with no medical problem.

Keywords: Hemorrhage; Pregnant Woman; Rupture

1. Introduction

Spontaneous uterine vessels rupture is a very rare condition and its etiology is unknown. The diagnosis is very difficult and often it is discovered during laparotomy (1). There are a few case reports in the literature.

Nguessan KL et al. reported a case of spontaneous rupture of uterine varices in the third trimester. There was a rapid onset of maternal collapse with acute fetal distress and only emergency laparotomy allowed for etiological diagnosis and treatment (2).

Andres-Oros et al. reported two cases of twin pregnancies on the third trimester with spontaneous uterine venous rupture. In one case, the bleeding ended by compression. In the second one, which was required the vein suture, the diagnosis took place after the fetal death (3).

Berisavac et al. reported a case of spontaneous hematoperitoneum in the third trimester of twin pregnancy. Because of the deteriorated condition of the patient, it was decided to perform laparotomy, which established the diagnosis of ruptured venous varices on the posterior wall of the uterus. Delivery was performed by cesarean section. The post operative period was uneventful (4).

2. Case Presentation

Our case is a 32-year-old primigravid woman who was admitted on March, 24th, 2014 at 11 pm to the emergency room at Ahvaz Aria Hospital. She was presented

with abdominal and flank pain. On the examination, she was found to have a pulse rate of 82 beat/min and a blood pressure of 100/80 mmHg. She was afebrile at 37°C (orally) and FHR was 146/min. Abdominal examination revealed mild uterine contraction. General examination was otherwise unremarkable.

3. Discussion

Investigation on admission revealed hemoglobin of 8.4 g/dL. Ultrasound scan confirmed the presence of a live single fetus with gestational age about 30 weeks and 3 days. She was admitted to the obstetric ward for observation and management of preterm labor. Over the subsequent 3 hours, she had a hemoglobin drop (Hb = 7.9 g/dL) and developed signs of acute abdomen. An urgent surgical consult was requested. The surgical senior register reviewed the patient and with a differential diagnosis of peritonitis (surgical acute abdomen), an urgent laparotomy was arranged. The laparotomy was performed by the gynecologist and general surgeon. She was found to have 2 liters free blood and clot in her pelvis with an active bleeding from superficial vessels on fundus and body of uterus. At first, we determined to control the bleeding, but fragile tissue forced us to perform cesarean section. Then, a male fetus by gestational age of about 30 weeks was born. The placental site was anterior not prevail, and finally the superficial ves-

sels were lighted. Now the infant is 11 months old and is growing well.

To conclude, in every pregnant woman with hemodynamic unstable condition, the possibility of uterine vessels rupture should be kept in mind.

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