Mid-trimester uterine rupture secondary to placenta percreta in a scarred uterus

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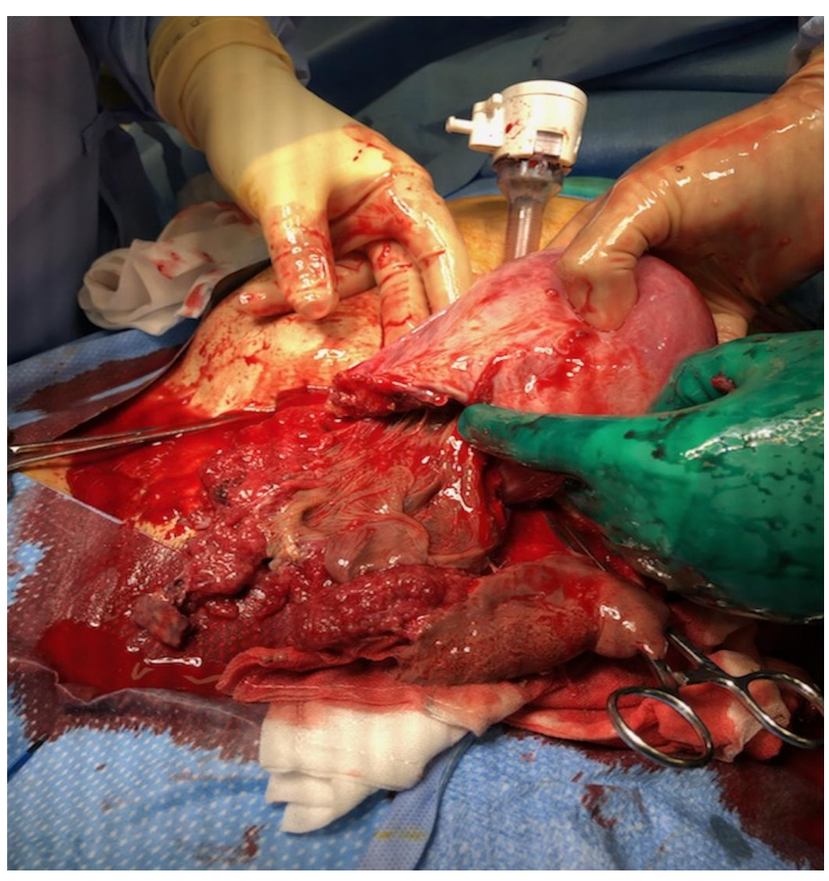
Background

Uterine rupture is a full thickness separation of the uterine wall and serosa.[1] It is associated with neonatal and maternal mortality and morbidity. It mainly occurs in third trimester and is difficult to diagnose. Placenta accreta is abnormal placental implantation leading to an adherence of the placenta to the uterine wall and is categorised by the degree of placental invasion.[2] Previous caesarean section delivery is the predominant risk factor.



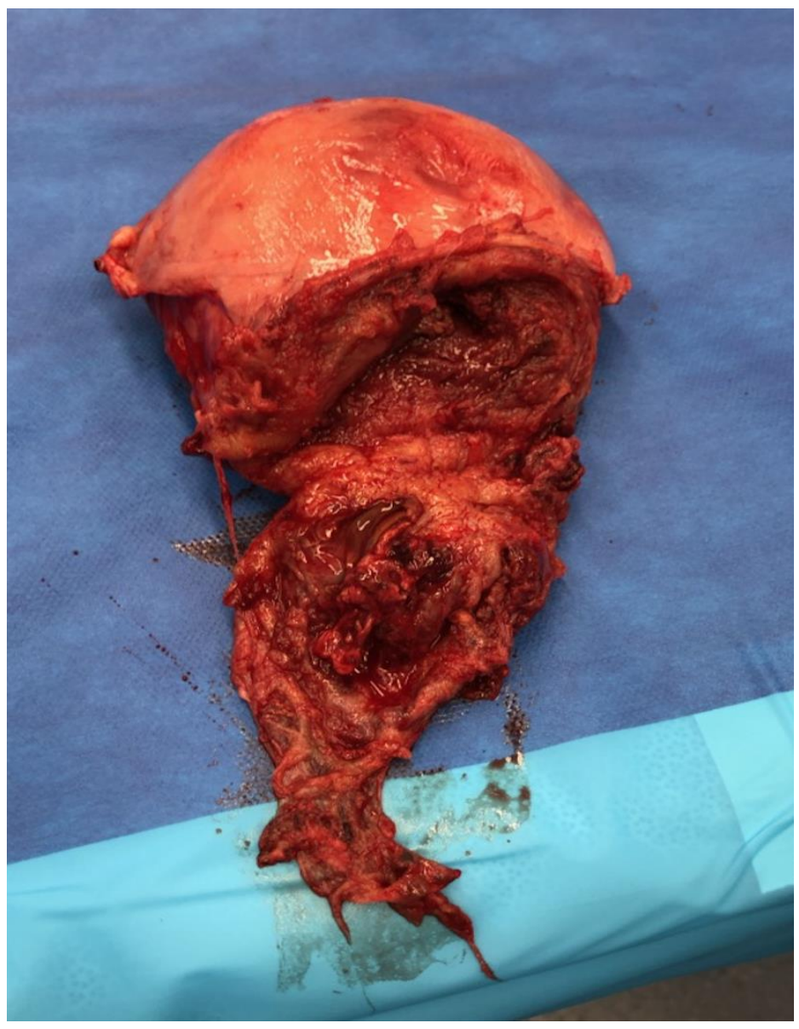
Case

A 30-year-old woman, with two previous caesarean deliveries, presented at 20-week gestation with abdominal pain and tachycardia. The morphology scan had reported anterior placenta praevia.

An urgent US reported large free fluid in the abdomen.

The patient underwent an emergency laparoscopy converted to pfannensteil laparotomy, to find a lower segment uterine rupture with major placenta praevia and placenta percreta. The foetus had been expelled in the abdomen. The patient underwent a subtotal hysterectomy due to profuse bleeding and distorted uterine anatomy.

Histopathology confirmed placenta percreta invading the endocervix.



Discussion

This case serves as a reminder to consider uterine rupture as a differential diagnosis in the acute abdomen in early pregnancy. Early suspicion for placenta percreta will allow for assessment with FMU and consideration of MRI, patient counselling and multidisciplinary team utilisation for delivery planning.

References

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