

SILENT FUNDAL UTERINE RUPTURE AT TERM IN A CASE OF HYSTEROSCOPIC RESECTION OF UTERINE SEPTUM: A CASE REPORT

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INTRODUCTION-

- Uterine septum is the most common type of Mullerian anomaly. It is related to recurrent pregnancy loss and infertility.¹
- Hysteroscopic metroplasty is the most accepted procedure for the septate uterus and has been reported to improve reproductive outcome.
- Pregnancy wastage in women with recurrent miscarriage who undergo hysteroscopic resection of an intrauterine septum has been reported to decrease from 87.5% to 44.4%.²
- However, 2.7% of hysteroscopic procedures are complicated by uterine perforation, excessive haemorrhage, air embolus, pulmonary edema, excessive absorption and infection.^{3,4}
- Late complications like uterine rupture have been reported at subsequent labours.⁵

CASE REPORT-

- A 27-year-old primigravida, married for 10yrs with primary infertility came with spontaneous labor pains at 40 wks.
- She had history of hysteroscopic septal resection done for septate uterus 18 months back, after which she conceived by intrauterine insemination.
- Her ultrasound reports suggested intrauterine pregnancy with fundoposterior placenta. The pregnancy proceeded uneventfully, and labor commenced at 40 weeks. In latent phase of labour her vital signs were within normal limits and Fetal heart rate was normal.
- Later, emergency caesarean section was performed under spinal anesthesia for fetal distress. Intraoperatively, meconium stained liquor drained out and live male child of 2.75 kg was delivered with good Apgar score.
- The placenta expelled out spontaneously. **A big hole of 6cm*5cm involving whole fundus was found. The margins of the rent were scarred and not bleeding (fig 1).** The rupture line was repaired and restored in three layers with vicryl(fig 2). Hemostasis achieved and post-op recovery was uneventful.
- Counselling done for future obstetric risk and follow up.

DISCUSSION-

- Uterine rupture after hysteroscopic septum resection is a rare complication, and its frequency is reported to be approximately 1–2.7%.⁵
- Myometrial damage during septal resection is believed to be the predisposing factor for uterine rupture.⁵
- The interval between operative hysteroscopy and subsequent pregnancies complicated by uterine rupture varies between 1 month and 5 years according to the literature.^{3,4}
- Another major factor is the frequency and intensity of uterine contractions during pregnancy after septum resection.
- Asymptomatic dehiscence is often discovered at cesarean section or during exploration of the uterine cavity after labor therefore fetal distress after previous uterine surgery should always have prompt consideration of uterine rupture as a possible cause.



FIGURE 1



FIGURE 2

CONCLUSION

- Proper diagnosis of septate/ bicornuate uterus should be made with 3D USG of uterine cavity so that elective septum resection/metroplasty can be carried out safely.
- Overzealous correction of septum should be avoided.
- During procedure, all precautions should be taken to cause least damage to endometrium and myometrium.
- Such high risk pregnancies should be given proper antenatal care and intensive intra partum monitoring when patient goes in labour.

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