

Delayed Diagnosis of a Uterine Rupture After a Shoulder Dystocia

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Abstract

INTRODUCTION: The purpose of this case is to discuss a rare intrapartum complication that was discovered and treated ten days postpartum.

DESCRIPTION: A 29-year-old gravida 2 para 1-0-0-1 presented with ruptured membranes. Her cervical exam was 4/75/-1. She had a prior vaginal delivery.

Labor was augmented with Pitocin. After 2.5 hours of pushing, a prolonged fetal heart rate deceleration led to a vacuum assisted vaginal delivery. A shoulder dystocia occurred. It was relieved with McRoberts positioning and suprapubic pressure. Apgar scores were 1 and 7. A third-degree perineal laceration was repaired. No abnormal uterine bleeding was noted.

On postpartum day 2, she became febrile to 101.3 F. IV antibiotics were given for presumed endometritis.

Due to ongoing fevers, a CT scan on postpartum day 7 revealed a 17x3.3x7.7 cm collection anterior to the uterus. Aspiration revealed a small amount of thick, dark fluid.

On postpartum day 10, an exploratory laparotomy found at least 50% of the cervix avulsed from the anterior lower uterine segment extending to the left broad ligament. A supracervical hysterectomy, bilateral salpingectomy, cystoscopy, and abdominal washout was performed. EBL was 1 liter. She was transfused 1 unit of packed red blood cells.

The patient was discharged on postpartum day 21/post-operative day 11.

DISCUSSION: This case is interesting because of the uterine rupture in an unscarred uterus after a vaginal delivery with shoulder dystocia was not diagnosed and treated until 10 days postpartum. The uterine rupture may have been causally related to the shoulder dystocia.