

Trauma-Induced Uterine Rupture: A Rare but Fatal Obstetric Emergency

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Introduction

Uterine rupture is a rare but potentially life-threatening obstetric emergency. Uterine rupture commonly occurs in 3rd trimester, 80% of uterine rupture cases occur between weeks 28 and 36 of pregnancy. Here, we report a case of uterine rupture in 18 weeks of pregnancy with history of miscarriage following a motor vehicle accident. This case highlights a rare but serious complication of severe abdominal trauma during pregnancy.

Case Description

Miss NH, a 20-year-old lady, G2P0+1 at 18 weeks of pregnancy, with a history of miscarriage in 2023, was brought to the Emergency Department following a motor vehicle accident. The motorcycle skidded, and as the pillion rider, she was thrown off and struck a tree by the roadside. A primary survey was conducted. Circulation component showed impairment with the patient pale, cold peripheries, prolonged CRT, BP 80/60 mmHg and HR of 160 bpm. Abdomen was tense, guarded and distended. No evidence of external exsanguinating bleeding or long bone deformities. eFAST revealed massive free fluid intraperitoneally and empty uterus. A fetus was found floating adjacent to the liver. A diagnosis of uterine rupture with Class IV hypovolemic

shock following MVA was made. The massive transfusion protocol was activated. The obstetrics and gynecology and anesthesia teams were consulted, and the operating theater was prepared.

Discussion

The occurrence of uterine rupture in 1st and 2nd trimester are extremely rare, but it may occur provided some risk factors such as the use of labor-induction agents and scarred uterus. This patient had history of miscarriage with possibility scarred uterus put the risk of uterine rupture.

Conclusion

An early recognition of pregnancy status with Urine Pregnancy Test, bedside ultrasound, including reproductive organ assessment, should be performed when evaluating pregnant trauma patients. A point to consider in managing trauma in reproductive age group: "Should the assessment of uterine structure be included in the eFAST protocol?"

