A case of uterine rupture
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Objective
Uterine rupture, defined as a disruption or tear of the myometrium and serosa of the uterus, is a life threatening condition for both the mother and the fetus. Previous caesarean scar or myomectomy, trauma, grand-multiparity, uterine anomaly or injudicious use of oxytocin or prostaglandin are some of the predisposing factors responsible for uterine rupture in second trimester or during labor. Spontaneous rupture of the uterus in the second trimester is very rare. We presented here a spontaneous uterine rupture in 20 weeks gestation in a patient with a history of cornual pregnancy resection.

Methods
The 30 year old patient, in her 19th week of pregnancy according to her last menstrual period, was referred due to generalised abdominal pain and vaginal bleeding. This was her second pregnancy. In her first pregnancy a year ago, she had undergone a laparoscopic resection for cornual pregnancy diagnosed during the 7th week. An ultrasonographic examination showed that the fetal head was in the uterine cavity, while the body and the extremities were outside the uterus, in the maternal abdomen, covered with amniotic fluid and membrane.

Results
There was no fetal heartbeat. An emergency laparotomy revealed that the uterus had ruptured at the left cornual region and the fetus had been partially expelled into the abdomen. Following the extraction of the fetus and the placenta, the uterus was repaired. The patient was discharged 4 days later.

Conclusion
The most important risk factor for uterine rupture is the uterine surgical scars associated with previous caesarean surgery and myomectomy. We presented here a spontaneous uterine rupture at the cornual scar in a pregnancy with previous cornual ectopic. Previous cornual surgery should be considered a significant risk for uterine rupture.