**Abstract:**

**Introduction:** A spontaneous rupture of the uterine artery as a cause of massive peripartal haemorrhage (PPH) is a rare complication during a delivery. 60% occurs during the delivery itself and mortality ranges around 40%. There is only about 100 such cases described in the literature. Embologenetics is not known, clinical symptoms are nonspecific and diagnosis is being made only during laparotomy. The spontaneous rupture of the uterine artery is more often combined with a rupture of a uterus in a place of cicatrix—after preceding Caesarean section, myometomy or after iatrogenic perforation of the uterus.

**Case Report:**

34 years old patient was transported by ambulance on May 17, 2011 at 9 AM for pain in the right lower abdomen since 8 AM in grav. hebd. 39+1.

**Personal history:**
- asthma bronchiale without therapy, st.p. APPE, otherwise insignificent

**Gynecological history:**
- missed abortion <RCU> 1x (1996)
- surgery
  - 2002- LSK: right sacrouterine ligament defect, adhesiolysis, ventro-suspension
  - 2004- HSK for dysmenorrhea- without pathology

**Course of current gravity:** IX; gravida, IV; para, GBS neg.

**Examination in hospital:**
- early gravity - hospitalisation for hypameronesis gravidarum
- intrasound screening: submucosally myoma 24x30mm
- 18+1 examined after a fall without impact on the abdomen
- 22+3 pain in the lower abdomen on the left; magnesium therapy
- 37+0 suspicion of SGA: EFWB 2800g

**Course of delivery:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 AM</td>
<td>Psychin E2 1mg i.c.</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>CTG: physiological</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Cervix: cervix score (CS): 5</td>
</tr>
<tr>
<td></td>
<td>CTT: ultrasound, blood and urine tests: without pathology</td>
</tr>
<tr>
<td></td>
<td>because of maturity, parity and cervix score we decided for labor induction</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Contractions every 5 min., Buscopan + Plegasin i.m.</td>
</tr>
<tr>
<td></td>
<td>Cervix: cervix almost fully effaced, dilatation 2cm, fetal membranes ruptured</td>
</tr>
<tr>
<td></td>
<td>artificaly- clear liquor</td>
</tr>
</tbody>
</table>

**Case of delivery:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30 PM</td>
<td>Vag.: dilatation 4cm, head urging, clear liquor</td>
</tr>
<tr>
<td>3:43 PM</td>
<td>CTTC disconnected - WC</td>
</tr>
<tr>
<td>4:10 PM</td>
<td>Vag.: dilatation 7cm, head urging lightly, light bleeding</td>
</tr>
<tr>
<td></td>
<td>Unstoppable abdomen: without patol. finding</td>
</tr>
</tbody>
</table>

**Case of current gravity:**

- Hemorrhagic shock development, beginning DIC
- Unstopetable bleeding from left ovary, big retroperitoneal haematoma on the right side
- Supravaginal hysterectomy + adenexectomy l.sin.
- Overall blood lost 4500ml!!
- Medication: 4 units of plasma, 5 units of blood, 500U antithrombin III, 2g fibrinogen, 1000 units of Octaplex(known prothrombin complex), 1000ml of colloids, 2500ml of crystalloids, noradrenalin

**Course after surgery:**

- Stable, pain in loins,
- Ultrasound — dilation of renal pelvis and urter on the right side
- CT-renal pelvis on the right 16mm dilation, uter 12mm- oppression or stricture in lower 3cm
- Urologic consultation-stent placed

**Further observation 6/2011 – 10/2013:**
- patent right lower abdomen- removal of the stent, extracted after 3 months
- CT: fibril bands in the right pelvis
- Lower short term memory

**Conclusion:** A peripartal rupture of the uterine artery on the right occurred with the patient. It could be a rare spontaneous rupture. The patient however underwent several uterus operations in the past, where undetected losse route could have occurred, followed by the rupture at the cicatrix during the delivery. On the other hand, after the last uterus operation, the patient had delivered once without complications and the rupture occurred only at the next delivery.

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**References:**


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