A case of cornual uterine rupture with exit of amniotic sac with umbilical cord and fetal lower limb by left uterine horn

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Objective
We present the case of a uterine rupture at cornual level in a pregnant woman of 29 weeks, diagnosed by MRI and favorable evolution for neonate and for mother.

Methods
This is a case report.

Results
A 29 week Pregnant woman attended the gynaecological emergency department due to a one day history of hypogastric pain and pain in the right renal fossa. She had no history of vaginal bleeding or rupture of the membranes. The patient had no past medical history, drug allergies, she smokes 4-5 cigarettes a day. There is a history of familial hypercholesterolemia without treatment. She reports recurrent urinary tract infections and a pyelonephritis episode. Her obstetric history includes a left ectopic pregnancy in the previous year, which was resolved with laparoscopic left salpingectomy. The patient had had an uneventful pregnancy with regular visits to the obstetric clinic. An obstetric abdominal ultrasound was performed in the emergency department to assess pregnancy before performing other examinations and complementary investigate the origin of the pain presented by the patient. When performing routine obstetric abdominal ultrasonography, solution of continuity is visualized in the left uterine canthus and it is observed that at that level protrudes the amniotic sac with fetal leg and umbilical cord. Doppler of the umbilical cord is performed, the result is normal. An MRI is requested to assess suspicion of uterine rupture and external cardiotocographic monitoring is performed, with a normal result (Reactive fetus at 155 beats per minute and without uterine activity). MRI reports: Discontinuity of the left uterine wall of 5 x 3 cm that is accompanied by exit of the amniotic sac with umbilical cord and fetal lower limb. No abdominal free fluid is identified. Fetus in cephalic and placenta of posterior location, with the left placental border that is located until the uterine discontinuity. All this compatible with uterine rupture. Due to the finding, an emergency caesarean section was performed due to the uterine rupture of the left horn. A male of 1300 grams was born, pH 7.30, Apgar 9/10.

Conclusion
Uterine rupture is an obstetric emergency that presents a high morbidity rate and fetal and maternal mortality. In this case, thanks to the symptoms that the patient presented with and the rapid diagnostic suspicion with urgent confirmation by magnetic resonance, a good result was achieved for both the mother and the fetus.