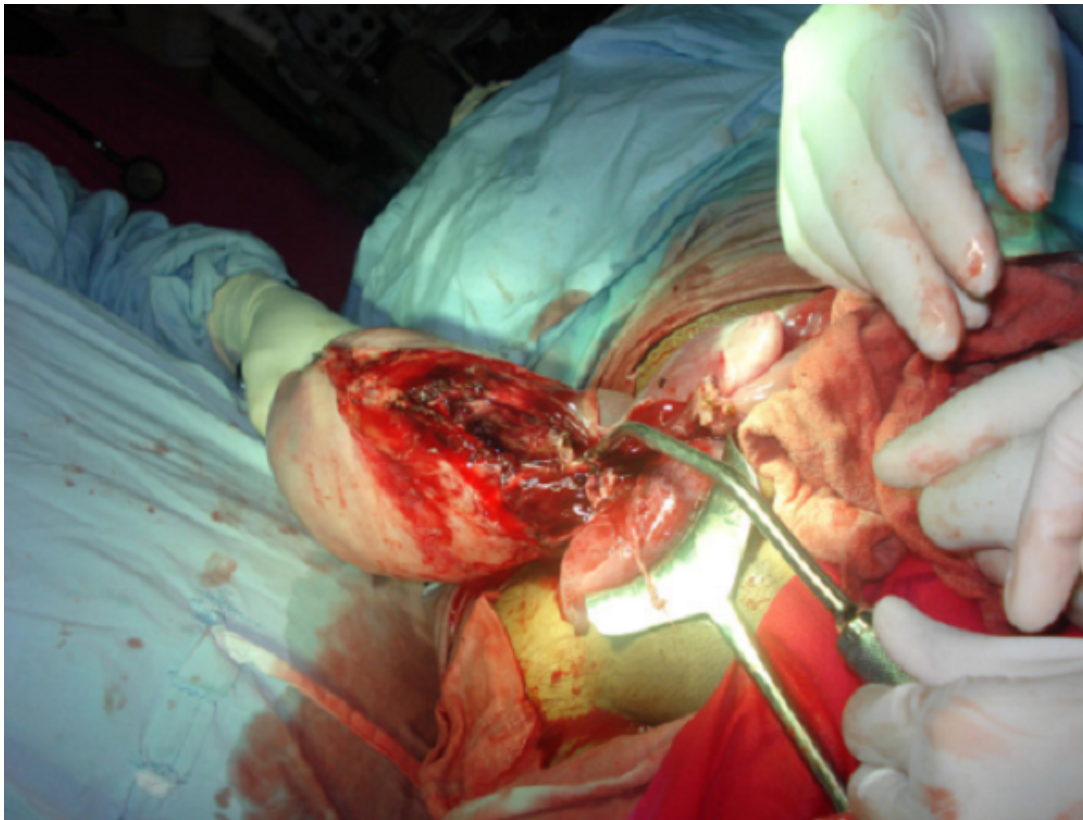


Uterine Rupture — Symptoms and Treatment

[See online here](#)

A uterine rupture represents an important complication during pregnancy, as well as during delivery. A uterine rupture can become a life-threatening emergency which requires an immediate Caesarean section. The patient complains about severe, devastating pain. The uterus feels rigid when palpated, and signs of hypovolemic shock are visible. This article presents you with a compact overview of this complication.



Definition of Uterine Rupture

Uterine rupture refers to a **uterine wall rupture** during childbirth.

Epidemiology of Uterine Rupture

Uterine ruptures occur in 1 of 1,500 deliveries.

Etiology of Uterine Rupture

A uterine rupture is a rare complication that may occur during vaginal delivery. It can occur if the maternal pelvis is too narrow, the cervix fails to dilate (cervical dystocia), or the fetal position makes vaginal delivery impossible. Ruptures that occur without labor usually occur because of previous surgeries that injured the uterus (e.g., myoma enucleation, Cesarean section). A rupture is considered incomplete if the serosa remains intact.

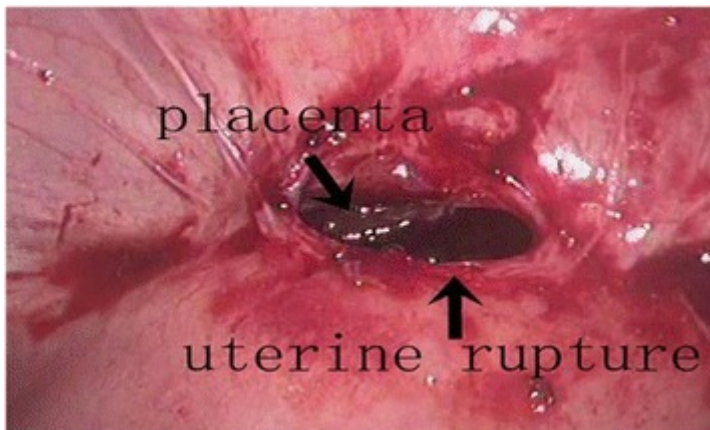


Image: A patch of placenta adhered to the rupture. By Jiang Q, Yang L, Ashley C, Medlin EE, Kushner DM, Zheng Y, License: [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)

Symptoms and Diagnosis of Uterine Rupture

Symptoms of uterine rupture

Typical warning signals for a uterine rupture include pain between contractions, abnormal abdominal pain, and possibly hyperactive labor. Patients appear anxious and complain about **severe pain** and **tenderness**.

Clinical diagnosis of a uterine rupture

A uterine rupture can usually be diagnosed clinically. Acute bleeding can cause hypovolemic shock, which poses a threat to the fetus. Heart sounds and movements of the unborn are undetectable.

A **complete uterine rupture** may manifest after vaginal delivery. A **severe hemorrhage** occurs only afterward since the neonate prevented it before. This condition can rapidly lead to [shock](#).

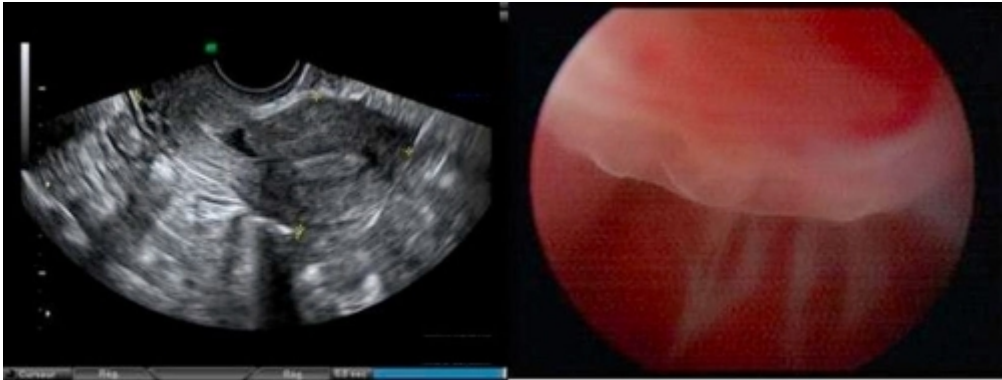


Image: Uterine defect within the Caesarean section scar 4 months after treatment. By Tulpin L, Morel O, Malartic C, Barranger E, License: [CC BY 3.0](https://creativecommons.org/licenses/by/3.0/)

Uterine Rupture Therapy

In case of impending rupture, a **tocolysis** is initiated. This can be done, for example, with sympathomimetic drugs or intravenous magnesium sulfate. Subsequently, a **Cesarean section** is carried out.

A Cesarean section should be done in the case of suspected or previous ruptures. A **vaginal delivery** would be a **contraindication** in such circumstances.

After delivery via Caesarean section, it has to be decided whether the rupture can be sutured or if a **hysterectomy** should be performed. In the case of hypovolemic shock, fluid replacement, under simultaneous control of blood pressure, is necessary.

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