BLADDER INJURY IN ASSOCIATION WITH UTERINE RUPTURE IN A GRANDMULTIPARA: A CASE REPORT

ABSTRACT
Uterine rupture in pregnancy is a rare event and frequently results in maternal and/or fetal compromise. The susceptibility of a normal, unscarred uterus to rupture is less. As against the equal distribution of uterine rupture in case of scarred uterus during labour and the antepartum period, in a normal unscarred uterus the percentage of uterine rupture increases markedly during labour as compared to the antepartum period. Though, increased rate of abortion, higher incidence of anaemia, higher twin pregnancy rates and malpresentations along with minor ailments like haemorrhoids and varicose veins have been found to be well associated and commonly seen with grand multiparity, the incidence of uterine rupture specially in association with bladder rupture has not been reported so commonly. We report a case of bladder injury associated with uterine rupture in a grand multipara female.

KEYWORDS
Grandmultipara, Uterine rupture, Bladder injury

INTRODUCTION
Uterine rupture is a catastrophic event during childbirth in which the integrity of the uterine wall is breached. There is full thickness separation of uterine wall in a complete rupture with expulsion of fetus and/or placental tissue into the abdominal cavity whereas in an incomplete rupture, the overlying serosa or peritoneum is spared. Gravidiparity, malpresentations, breech extraction, neglected labour, oxytocin infusion and uterine instrumentation constitute the predisposing factors for uterine rupture(1). Ever since Solomans in 1934 drew attention to what he called 'the dangerous multipara', grand multiparity has been recognized as a clinical entity in its own right. Rupture of the uterus is more common in a scarred uterus as compared to an unscarred one(2). This obstetric mishap is closely associated with fetal & maternal mortality as well as maternal morbidities such as bladder rupture, vesico vaginal fistula and rectovaginal fistula and psychological trauma. Even if the mother is saved from such a grave accident in her obstetric history, the above mentioned morbid conditions which occur as a sequelae of bladder injury have a marked adverse effect on the quality of life of the lady.

CASE REPORT
A 35 year old female presented to us with complaints of amenorrhoea since 9 months and labour pains since 1 day with sudden cessation of pains since 2-3 hours. Patient was a sixth gravid with 5 live issues, all normal unscarred uterus the percentage of uterine rupture increases markedly during labour as compared to the antepartum period.

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