

Clinical Image

Vulvar Procidence of Intestinal Anses: A Rare Complication of Uterine Rupture

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It is a 20 year old paucipar, received in our structure after delivery in a health post, for placental retention, vulvar externalization of intestinal loops. Childbirth was performed by low voice one hour before with birth of a macrosome (4000g), fresh stillborn. There was dystocia of the shoulders to expulsion, managed by uterine expressions. There was no history of Caesarean section.

On arrival, there was a state of hemorrhagic shock. The gynecological examination found vulvar bleeding, a uterus at the level of the umbilicus, a procidence of maternal intestinal loops through the vulva. The biological assessment found a hemoglobin level at 7.5 g/dl, GB 9.103 g/ul, platelets at 42.103 g/ul, serum creatinine at 16.78 mg/l.



Figure 1:

Emergency laparotomy revealed a left uterine rupture extending up to the left appendix, where the slender loops entered the vagina with an externalized necrotic portion.

The placenta sat in the abdomen.

Gestures: Hysterectomy of interannexal haemostasis and intestinal resection of 30cm with ileo-ileal anastomosis. The patient had been resuscitated post-operatively for 8 days. She had received 7 iso-rhesus iso-group blood bags. She was out at J13 postoperatively.