

Vulvar precedence of intestinal anses: a rare complication of uterine rupture

Keywords: vulvar procdence, intestinal anses, uterine rupture, placental retention, hemorrhagic shock

Clinical Images

It is a 20year 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 procdence of maternal intestinal loops through the vulva. The biological assessment found a hemoglobin level at 7.5g/dl, GB 9.103/ul, platelets at 42.103/ul, serum creatinine at 16.78mg/l.

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 (Figure 1). 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 8days. She had received 7 iso-rhesus iso-group blood bags. She was out at J13 postoperatively.



Figure 1 Vulvar Procdence of Intestinal Anses.

Volume 4 Issue 1 - 2018

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Received: February 07, 2018 | **Published:** February 12, 2018

Acknowledgements

The corresponding author is the guarantor of submission.

Conflict of interest

Authors declare that there is no conflict of interest.