Indian Journal of Forensic Medicine and Pathology
Volume 4, Number 3, July - September 2011

Case Report

Death due to uterine rupture: An evidence of negligence

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ABSTRACT

A young female with history of previous lower segment cesarean section was admitted in a hospital at Nashik with full term fetus for induction of delivery. The patient was having Labor pains but the doctor on duty admitted the patient & assured her relatives that she is under false labor pains. After 7 hrs of admission in hospital patient died due to shock. The relatives of patient banged the doctor on duty & filled a complaint of medical negligence against the doctor. On post mortem examination, body was well built & pale. On opening the abdominal wall peritoneal cavity contained 1500 cc of dark red blood clots. The uterus was ruptured on anterior aspect with placental parts extruding but the fetus in situ. The Police have registered a case of gross negligence against the doctor.

Key words: Snake bite; Awareness; Dry bites; Treatment; ASV; First Aid

INTRODUCTION

Uterine rupture refers to separation of the old uterine incision throughout the most its length, with rupture of fetal membranes so that uterine cavity and the peritoneal Cavity communicate. In these cases all or parts of the fetus usually is extruded in the peritoneal cavity1. Uterine rupture is a major obstetric hazard in India & it still accounts for 5-10% of all maternal deaths2. The most common cause of uterine rupture in the developed world is previous cesarean section. Other less common causes are myomectomy, breech version, operative delivery, trauma, high parity, use of oxytocin & obstructed labor1. Uterine rupture is potentially preventable complication if a case of previous LSCS is attended in time for induction of Labor.

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(Received on12.10.2010, accepted on 20.04.2011)

Case history

A 30 yrs old female, resident of Cidco, Nashik was admitted to Civil Hospital Nashik on 7/9/08 at 9.10 pm with full term fetus for induction of delivery. Patient was having Labor pains & gave history of previous Cesarean section. The doctor on duty attended the patient and assured the relatives that they are false labor pains though the patient was shouting with pains & was restless. The patient was admitted in maternity ward and oxytocin drip was started for contraction of uterus. After few hours patient's condition started deteriorating & doctor on duty gave a call to obstetrician. Till the obstetrician arrived in hospital patient was in shock. On 8/9/2008 at 4.00 a.m. after near about 7 hrs the patient was declared dead by the duty Doctor. The relatives of patient were violent & banged the doctors on duty asking why cesarean section was not done when it was needed. The relatives demanded a postmortem to be conducted to do the justice with the patient and its relative and the civil surgeon allowed to file a case and to conduct the post mortem

with the help of a forensic expert & a team of doctors. Civil surgeon frame a committee of experts including a forensic expert, one C.M.O, one Surgeon & one Gynecologist to conduct the postmortem and give expert opinion to the case. We proceeded for postmortem examination on the request of Sarkarwada Police Station an 8/9/2008 at 11.00 p.m.

External examination

A young female body without any external injury on body except injection marks on the forearm was seen. The body was well built & pale with a scar mark of previous LSCS on the abdomen on infra umbilical region was seen. Rigor mortis was present & postmortem lividity was seen on back portions of the body. The eyes were closed, tongue inside the closed mouth & blood tinged fluid coming out. No any injuries were seen on external genitalia.

Internal examination

The skull vault was intact. Brain with meninges was pale. On opening the abdomen, the peritoneal cavity contained about 1.5 Litre of red blood clots as like a mass. The clots when removed from abdomen it was traced to uterus. The uterus was enlarged with placental parts extruding out. On dissection of uterine cavity a female fetus of 47 cms & weight 3 kg was seen in situ with placenta. All other internal organs were pale. Opinion as to cause of death was given as "Shock due to ruptured Uterus".

DISCUSSION

Uterine rupture in pregnancy is rare & often a catastrophic complication with a high incidence of fetal & maternal mortality3. Rachagan & colleagues4 reported an incidence of uterine rupture of about 1 in 3000 deliveries over a period 21 years. Currently the most common cause of uterine rupture is separation of a previous cesarean section scar & this probably is increasing with developing trend of allowing a trial of labor following, prior transverse section. The studies showed that incidence of uterine rupture after previous cesarean section was 0.2 to 0.8 %. Some of the most recent studies state that induction of oxytocin, prostaglandins have added the tragedies of Uterine rupture death. In the present case the trial of labor was given in-patient of previous LSCS. The oxytocin was started, though the patient was in high-risk group pregnancy. Doctor could not assess the condition of patient. The patient was in full term with typical labor pains but duty doctors could not able to differentiate true labor pains with false labor pain.

The doctor on duty should have given a call to on obstetrician. In case if a call was given then why obstetrician didn't reach in time. It was the duty of the consultant to reach within 30 min to one hour to attend the serious patient. Here in this case, the patient was unattended for more than 6 hours which may result in developing the condition of shock. The treating doctor & nurse could not able to diagnose the signs of shock & uterine rupture. While for diagnosis of shock does not need any specialization and can be easily assessed by a general MBBS physician. The signs of uterine rupture need some keen observation such as follow-up - sharp shooting pain in the abdomen, cessation of uterine contraction, palpations of fetal parts & stoppage of fetal heart sounds. If in this case timely treatment of shock i.e. giving IV fluids or blood transfusion and operative management i.e. Laparatomy & or hysterectomy would have been done, the patient's life could have been saved. The doctor has failed to diagnose uterine rupture and take proper care in management of the case. The relatives were left with mental agony due to this untimely shock given by the doctor. The Police have registered the case of negligence under section 304 (A) against the doctors for there gross negligence in handling the patient.

The Uterine rupture is a potentially preventable complication & great caution should be taken when managing a trial of labor with a previous Cesarean section. The doctor should identify the cases of high-risk pregnancy of previous LSCS & take proper care in management of these cases to avoid the charges of negligence.

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