Abstract:
Spontaneous rupture of uterus associated with pyometra in an elderly post-menopausal women is a rare pathological condition presenting as an acute abdomen. We report a case in which an elderly patient was admitted in our hospital with signs and symptoms of an acute abdomen and provisional diagnosis of perforative peritonitis was made. But laparotomy revealed spontaneous rupture of uterus with pus in the peritoneal cavity and has been managed successfully with total hysterectomy and bilateral salphingo-oopherectomy. So far only 22 cases have been reported in the medical literature. This paper reports an additional case of spontaneous rupture uterus associated with pyometra.
Keyword: Spontaneous rupture of uterus, pyometra.

INTRODUCTION:
Spontaneous rupture of uterus in an post-menopausal women is an extremely rare condition. But cases have been reported that it can occur following the formation of pyometra. Pyometra which is the accumulation of pus in the uterine cavity occurs when the natural drainage of uterine cavity is compromised. Its reported incidence is 0.01-0.5% in gynaecological patients. This case of pyometra associated with spontaneous rupture uterus is not only rare but also an emergency gynaecological condition and has been managed successfully with surgery.

CASE REPORT:
55 yr old multiparous post-menopausal women with previous normal deliveries who was a known diabetic and hypertensive on treatment for 5yrs presented to surgical unit of our institute with history of fever for 1 week, abdominal pain & vomiting for 2 days. She had her menopause 5yrs back & denied any history of post-menopausal bleeding or vaginal discharge. On examination, the patient was afebrile, mildly
anaemic and she had tachycardia & hypotension. Per abdominal examination revealed diffuse tenderness & board-like rigidity. There were no abnormal findings in P/R. Per vaginal examination was not done at the time of admission. Laboratory investigations showed elevated total count (22,800 cells/cu.mm) with predominance of polymorphs, elevated liver enzymes, elevated blood sugar (218mg/dl) & slightly elevated RFT values (urea-53mg/dl, creatinine-1.8mg/dl). Plain X-ray abdomen revealed gas under the diaphragm & provisional diagnosis of perforative peritonitis was made. Laparotomy was performed & 800ml of frank pus was found in the peritoneal cavity with no perforation of GIT or gallbladder. But uterus was found to be irregularly ruptured with pyometra & those tissues were unhealthy. Hence gynaecologist was called for. Per vaginal examination revealed no growth except for tightly closed, stenotic cervical os flushed with vault. Total hysterectomy & bilateral salpingo-oophorectomy was performed with drain in-situ. Post-operatively, she was put on higher antibiotics, dopamine support & insulin for glycaemic control. Histological sections of specimen showed myometrium with abscess composed of exudates, debris, acute and chronic inflammatory cells with superadded apoptotic degeneration. There was no malignancy either in the uterus or cervix. Both ovaries were normal. DISCUSSION: Pyometra though, common in post-menopausal women, is usually asymptomatic & drains intermittently through the cervix which is likely to be the path of least resistance. The most common causes of pyometra is malignant diseases of genital tract & the consequences of their treatment like radiotherapy. Other causes are benign tumours like leiomyoma, endometrial polyps, senile cervicitis, cervical occlusion after surgery, puerperal infection & congenital cervical anomalies. Spontaneous rupture of uterus allowing drainage of pyometra into the abdominal cavity is its extremely rare complication. It is thought to occur at the site of degenerative or necrotic change after pyometra develops as a result of blockage of natural drainage. In our case, the cause of pyometra remains obscure. It may be due to the necrosis of myometrium which became infected due to uncontrolled diabetes. Diabetes may have predisposed her to infection which may have caused the tissues to become friable resulting in perforation. CT abdomen & MRI besides good quality USG are the diagnostic tools available which may guide us in diagnosis of this condition. But it is indeed very difficult to suspect the condition by clinical presentation and also the morbid condition of the patient doesn’t allow us for detailed imaging. This case presented with the pneumoperitoneum which prompted us for the clinical diagnosis of perforative peritonitis of GIT & laparotomy was planned. Finally, total hysterectomy with bilateral salpingo-oophorectomy was performed with peritoneal lavage. CONCLUSION: This case is being reported to stress the fact that though ruptured pyometra is a rare condition, it should be considered as a differential diagnosis in an elderly women presenting with acute abdomen, as it is a serious gynaecological condition requiring immediate treatment.

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