



Case Study of a Case of Ruptured Uterus

By

A. Sulochana, B.Sc. N.

Condition of Patient on admission.

Patient was admitted in a state of collapse; she was conscious. Para : 6; age 30 years; temperature subnormal, pulse feeble and rapid, skin cold and clammy, air hunger, Infected eyes; burn on the back over sacrum, B. P. 80/50.

Abdominal Palpation. Foetal parts easily felt, abdominal wall very thin and tender; foetal heart sounds not heard; previous caesarean scar on abdominal wall.

History. Patient was full term. Mild labour pains started at 8 A.M. on 12.10.51, and an untrained dai was called. Strong contractions started an hour late and at 11 A.M. suddenly her condition became serious and the pains subsided. She had palpitation and was breathless. To stimulate pains the dais applied hot packs to the back which produced the burn on sacral region. She was made to walk to a tonga and was brought into hospital. Patient had not attended an ante-natal clinic. Three years ago she had had a caesarean section because of a contracted pelvis due to osteomalacia.

History of previous Pregnancies.

Four full term, normal confinements; one still-born and three live babies. 5th Pregnancy was a Caesarean Section — 3 years ago. 6th Pregnancy i.e., present one — was full term.

12.25 P. M. On admission to hospital the patient was put to bed immediately and kept warm. Doctors were informed. Intravenous glucose/saline was ordered and given. Rupture of the uterus was considered and patient was accordingly prepared for abdominal operation. Patient was catheterised but no urine withdrawn. Consent for sterilization was obtained. Taken to operation room at 12.50 P.M.

Operation Procedure. Abdomen opened, under general anaesthesia, by a midline incision. The peritoneal cavity was full of blood which was collected in citrate solution and given intravenously during the operation.

A still-born foetus was lying free in the peritoneal cavity. Foetus extracted, half of the placenta was in the peritoneal cavity and the other half in the uterus; placenta and membranes removed intact; uterus was well contracted. There was a longitudinal rupture on its interior surface along the length of the previous scar. The scar tissue was removed and the edges brought together in two layers by deep interrupted sutures and second layer by continuous lambert stitches. Sterilization was done by excising a portion of the Fallopian tube on each side and ligaturing the cut ends with silk. Abdomen was closed in layers as usual.

2-40 P.M. Patient was transferred to the ward. Pulse very feeble and irregular. Foot of bed was raised. Glucose and saline oz. VI with Pot. Bromide grs. XXX was given per rectum. Patient kept warm. 0'2 administered throughout.

4 P.M. General condition poor. Inj. coramine given. Patient recovered from anaesthetic. Pulse rate ranging between 110-116 with respirations 26-30 per minute.

6 P.M. Pulse slightly improved in volume and tension. Inj. Digitalis gr. 1/60 and Inj. Strychnine gr. 1/1000 given and repeated 4 hrly for 24 hrs. Temperature at 6 P.M. 98.4F. Inj. Procaine Penicillin 300,000 units given intramuscularly and continued 3 hrly.

8 P.M. Patient nursed flat. Slips of glucose water and fruit juice given. Urine passed freely. Inj. Dial 2 c.c. I. M. given. Mist. Pot. Cit. et Soda oz. 1 given 6 hrly. Patient restful.

10 P.M. Vomitted once. General condition weak. I. V. glucose 75 c.c. given. Slept at intervals.

13-10-51. 2nd day:— Patient nursed in Fowler's position. Tight breast binder applied; abdominal distended, flatus tube passed with good result. Barley water, diluted milk and fruit juice given in small amounts at frequent intervals. I. V. Glucose 50 c.c. and Cal Gluconate 10 c.c. given. Inj. Coramine given 8

hourly. Lochia scanty. T.P.R. 6 p.m. 101'4. Inj. Procaine Penicillin 300,000 units continued. Urine passed freely. Luminal gr. 1 given at 8 P.M. General condition improving. Fluid intake for 24 hours: 5½ pints. Output; 2½ pints.

3rd day:— Complained of cough. Harsh basal crepitus present. Anti-phlogistine applied to the bases of the lungs. Lint. camphor massage to chest given B.D. Cibazol tab. 2 given 4 hrly. Inj. Penicillin continued. Mist. Expectorant oz. 1 T.D.S. T.P.R. at 6 a.m. 99.8. Barely water, diluted milk, fruit juice and dal soup given. Vomitted once. Spt. aromat M. XXX given. Abdominal distension troublesome; flatus tube passed with good result. Patient comfortable and had fairly good sleep at night. Fluid intake for 24 hours: 5½ pints and output 2½ pints.

4th day:— General condition improved. T. P. R. at 6 P. M. 99.8. Cibazol tab. 1 given 4 hourly. Mist. Quinine oz. 1 given. Plenty of nourishing fluids given. Urine passed freely. Lochia scanty. Breasts not engorged. Enema given with fair result.

5th day:— General condition the same. Good nursing care rendered. Patient had soft diet. T.P.R. at 6 P.M. 100'8. Cibazol tab. given 6 hourly.

6th day:— T.P.R at 6 p.m. 100.4'8. Soap and water enema given with good result. Cibazol tab. T.D.S.

[Continued from page 16] (Carried over to page 1)

muscular weakness, dyspnoea after slight exertion, languor, mental confusion and drowsiness; a man may lose as much as 3-4 gms of sodium in a day by intense sweating. In normal diets there is never any shortage or deficiency of sodium as we take enough in food. The normal daily requirement of salt is 5-6 gm a day which we would get from our daily dietary even when no salt is added from outside, but we always take salt as an adjutant, hence there is no risk of deficiency. In case of heat cramp, a level teaspoonful of salt in a pint of water, if drunk, would alleviate the

symptoms very quickly.

Trace Elements.—It is not known what the roles of aluminium, arsenic, boron, and cobalt are in the human system. Copper is essential for the formation of haemoglobin. Fluorine in correct proportions keep the enamel of teeth firm, but if present in more than 1 part per million, it leads to mottling of the teeth. Zinc is essential in the production of insulin.

In normal diets these elements are never deficient and no manifestations of any deficiency symptoms have been observed in man.