

Abstract

Introduction:

Placenta increta is one of life-threatening situation that best managed by multidisciplinary approach. We describe a case leading to rupture of unscarred uterus in the second trimester that leading to massive intra-abdominal hemorrhage.

Case report:

A 37 year old, gravies 11 para 9+1 with previous all Spontaneous vaginal delivery and one abortion managed by uncomplicated ERPC, presented to our emergency department with rupture of membrane. While in hospital, she developed tachycardia and significant drops in the hemoglobin level. Also she had been diagnosed to have intrauterine fetal demise. Rupture uterus suspected and the ultrasound confirmed the diagnosis by showing hemoperitonium. After starting the resuscitation procedures, Emergency laparotomy performed which showed uterine rupture along with placenta increta for which the patient underwent subtotal hysterectomy. Pathological analysis showed chorionic villi invading the myometrium supporting the diagnosis of placenta increta.

Conclusion:

Though the occurrence of placenta increta is rare with unscarred uterus, and uterine rupture also rare with unscarred uterus and in the second trimester , high index of suspicion should be raised in grand-multi para even when this was the only risk factor for these serious problems as missing the diagnosis is fatal to the patient.