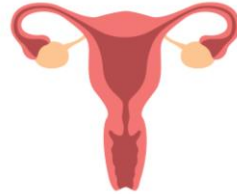


Shoulder Pain: An Atypical Presentation of Uterine Rupture

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Background: Uterine Rupture

- Life-threatening complication of pregnancy requiring immediate recognition and intervention
- Maternal Morbidity in >30% of cases; mortality rates from 1-13%
- Recognizing atypical presentations if critical for timely intervention and improved outcomes
- Risk Factors:
 - Prior uterine surgery: cesarean section, myomectomy
 - Connective tissue disorders: Ehlers-Danlos, Loey Dietz
 - Gestational diabetes, macrosomia, polyhydramnios, multiple gestation pregnancy, obstructed labor, labor augmentation



Uterine Rupture Statistics

Complication	Estimated Rate
Fetal Mortality (U.S)	6-15%
Fetal Mortality (Globally)	30-92%
HIE	13-30%
NICU Admission	20-40%



Case

- 43-year-old G6P2032
- PMHx: T2D, prior cesarean, prior VBAC, advanced maternal age, and consanguinity
- Presentation:
 - Cesarean for failure of descent and recurrent fetal decelerations
 - Stable vital signs, reassuring fetal heart rate
 - 2% lidocaine epidural catheter to T4
 - Chief complaint of increasing left shoulder pain
- Intra-Operative Findings:
 - 4cm uterine rupture
 - Successful infant delivery and uterine repair
- Post-Operative Course
 - MTP activated in PACU
 - Arterial line and large bore IV access
 - Stabilized in PACU then OR for hysterectomy
 - Extubated POD0 in ICU
 - Discharged POD5



Teaching Points

1. Atypical Presentations of Uterine Rupture
 - Referred shoulder pain as a symptom of otherwise silent uterine rupture
2. Early Recognition
3. Multidisciplinary Approach to Management
4. Anesthetic Considerations

