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RESEARCH ARTICLE

COUVELAIRE UTERUS WITH PLACENTAL ABRUPTION: A STRIKING PICTURE BUT A NORMAL FUNCTION.

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Abstract

A 21 years old primiparous woman with 35 weeks of amenorrhoea was admitted to the emergency room in our hospital for uterine contraction pelvic pain with vaginal bleeding of average abundance past 2 hours. Her pregnancy was followed at a peripheral health center, her last visit was 1 mounth prior to admission, during which her blood pressure was found to be normal

In admission, she was afebrile, with significant pallor, pulse : 125/min, blood pressure 92/60mmHg, respiratory rate was 24/min

The abdominal examination : uterus tenderness and it didnt relax. The fetal heart rate was 120 bpm but significant decelerations. Per vaginal examination revealed fresh minimal bleeding from the uterus, cervical dilation was 1 finger, and we didnt find a placenta previa

An emergency lower segment caesarean section was performed for a strong suspicion of abruption placentae with fetal distress

In per operatory a complete abruption of placenta was found weigning 900g (figure.1, 2) . A male child was delivered weighing 2200g, an Apgar score were 6 at 1 minute 8 at 5minutes, 8 and 10 minutes.

On inspection the utérus was found bluish and purplish, diagnostic of couverlaire uterus (uteroplacental apoplexy) (figure 3) with infiltration of yhe lateral portions of uterus. The blood loss was estimated of 2 L, during the surgery the patient recceived uterotonic and she received a transfusion of 600ml packed cells

The rest of her postoperative stay was normal, at fifth day she was discharged from the hospital.

The first description of couvelaire uterus was in 1911 [1]. It is a complication of severe abruption. it is estimated to 5% of all cases of abruption.2 the diagnosis is made by direct visualisation or biopsy. Couvelaire uterus is caused when haemorrhage from placental blood vessels seeps into decidua basalis causing placental separation, it is the formation of a hematoma (blood deposit). The placenta is detached from the uterine wall. The infiltrations can reach the appendages of uterus and occasionally the peritoneal cavity, even to the kidneys and liver [2]. Couvelaire uterus is managed conservatively [3] Hysterectomy is not required and should be discouraged.

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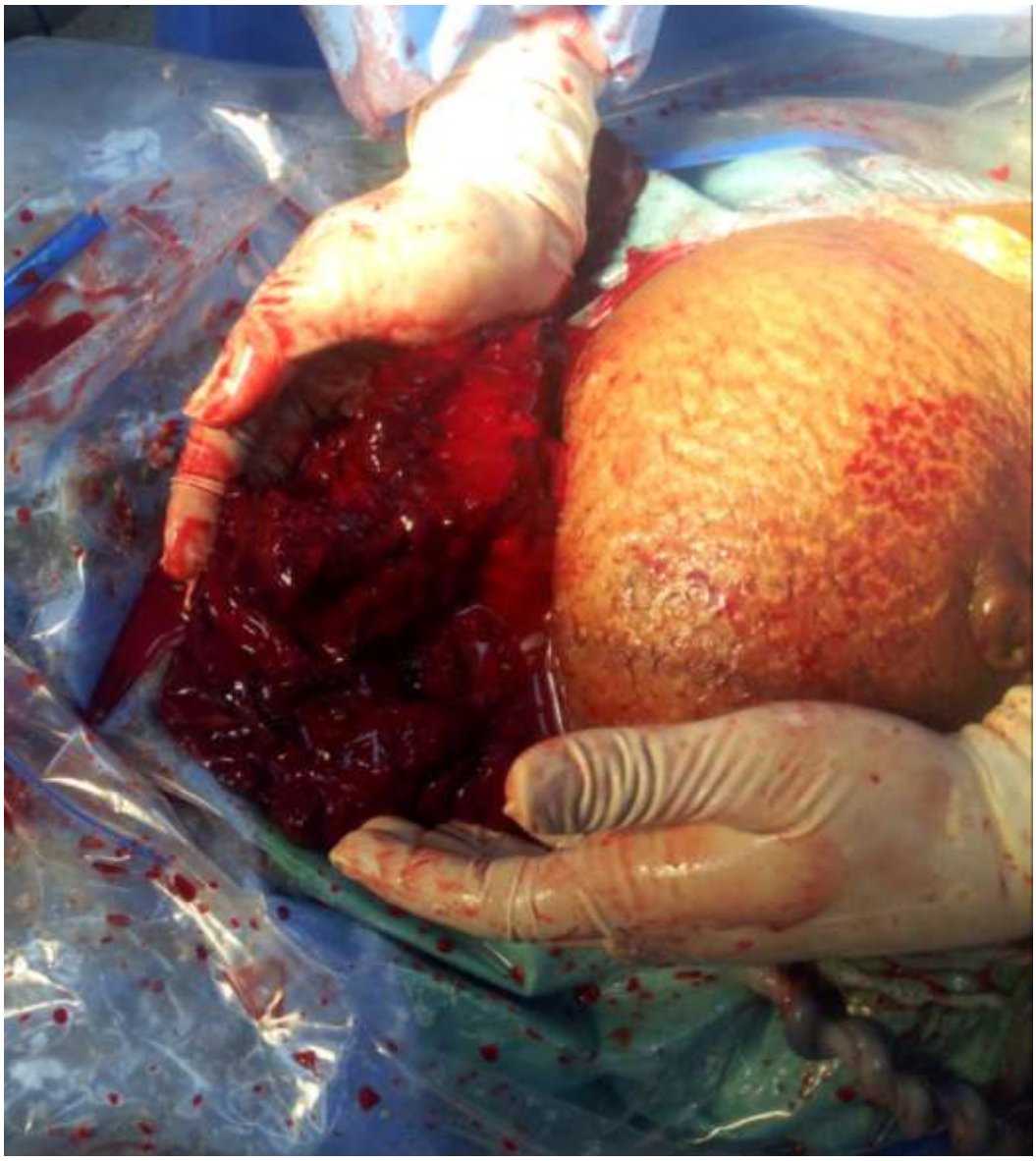

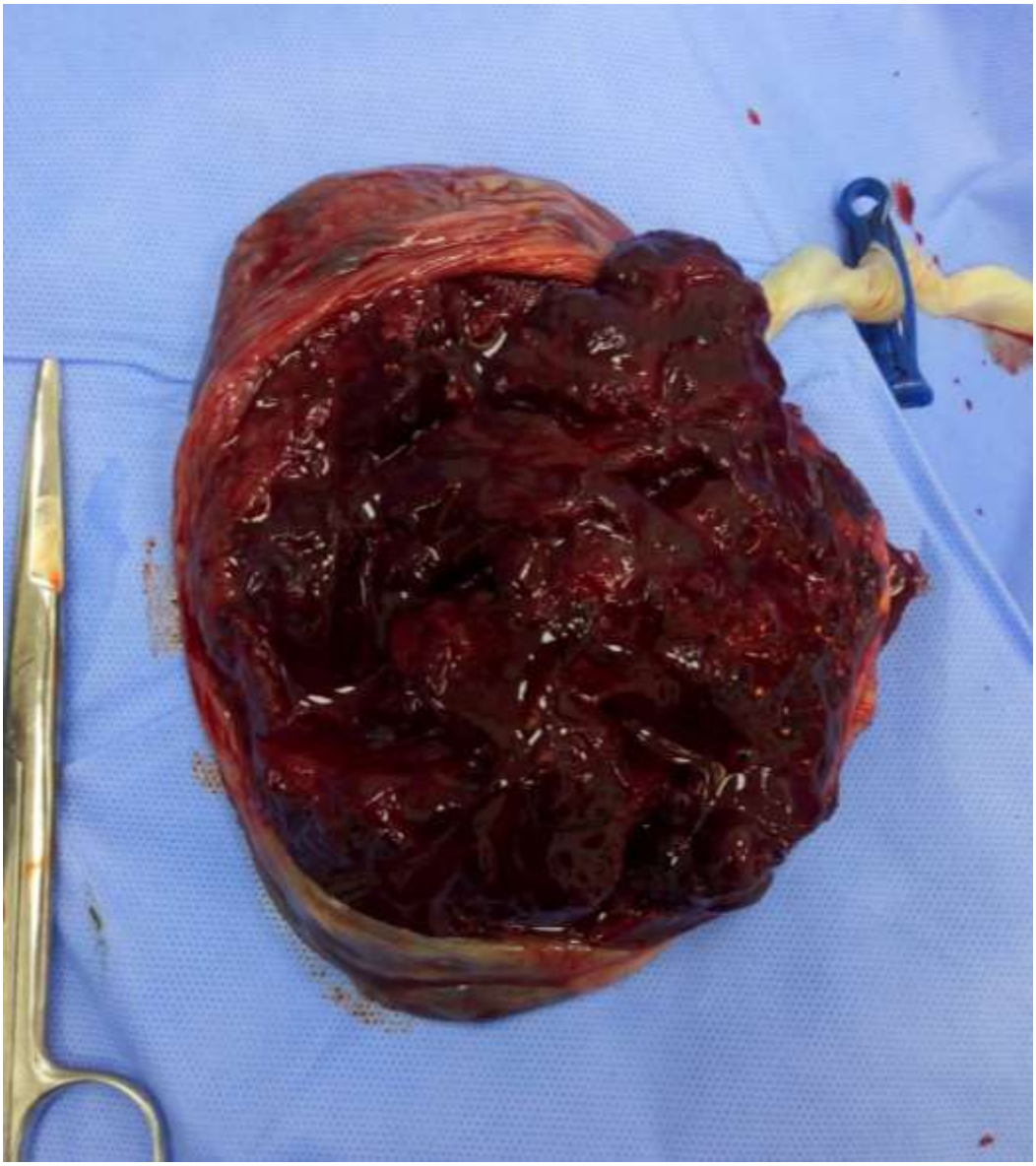

Figure 1,2:- Retroplacental hematoma

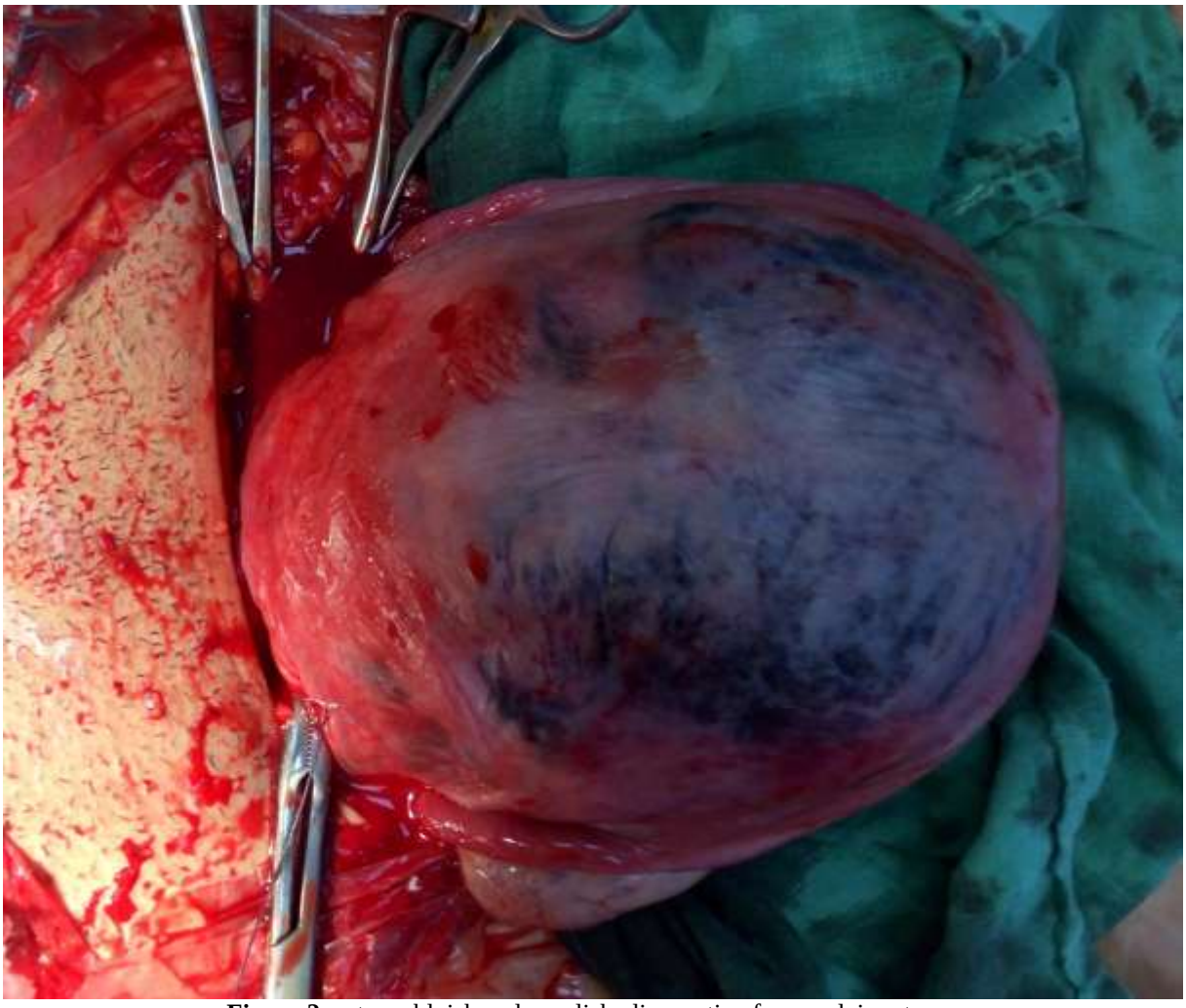

Figure 2:- uterus bluish and purplish, diagnostic of couverlaire uterus

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