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Rupture of the Gravid Uterus: A Two-Decade Experience at a University Teaching Hospital in South-West, Nigeria

Rupture de l'Utérus Gravide : Une Experience de Deux Decennies dans un Hopital Universitaire du Sud-Ouest du Nigeria

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ABSTRACT

BACKGROUND: Uterine rupture is an obstetric emergency associated with significant maternal and perinatal mortality and morbidity, especially in resource-constraint countries such as Nigeria.

OBJECTIVE: To determine the incidence and fetomaternal outcome of uterine rupture in a Nigerian teaching hospital.

METHODS: This was a retrospective review of all cases of uterine rupture managed over 21 years. The case notes of all affected women were retrieved, and information on socio-demographic and obstetric characteristics, clinical presentation, intraoperative findings, and fetal and maternal outcomes were extracted. Data were analyzed using SPSS version 23.0 and descriptive statistics were computed. Factors associated with maternal deaths secondary to rupture of the gravid uterus were determined using binary logistic regression analyses. Statistical significance was reported at $P < 0.05$.

RESULTS: There were 31,616 deliveries during the review period, out of which were 182 cases of uterine rupture giving an incidence of 5.76 per 1,000 deliveries. Most of the cases of uterine rupture (65.2%) were treated by uterine repair. Maternal and fetal deaths were recorded in 8.1% and 82.7% of cases respectively. Women aged at least 35 years ($P=0.035$), women who had laboured at home or traditional birth attendant's (TBA) place ($P=0.002$), women who had multiple sites rupture ($P=0.049$) and those who developed hypovolemic shock ($P=0.002$) were more likely to die from uterine rupture.

CONCLUSION: Ruptured uterus remains a significant cause of maternal and perinatal morbidity and mortality in Nigeria. Strategies for prevention include effective health education of the masses, the conduct of labour in a well-equipped health facility, and prompt referral of at-risk women. **WAJM 2023; 40(7): 730–735.**

Keywords: Uterine rupture, Lagos, Maternal mortality, Perinatal mortality, Incidence, Bilateral tubal ligation.

RÉSUMÉ

CONTEXTE: La rupture utérine est une urgence obstétrique associée à une mortalité et une morbidité maternelles et périnatales significatives, en particulier dans les pays à ressources limitées comme le Nigeria.

OBJECTIF: Déterminer l'incidence et l'issue fœto-maternelle de la rupture utérine dans un hôpital universitaire nigérian.

MÉTHODES: Il s'agit d'une étude rétrospective de tous les cas de rupture utérine pris en charge sur une période de 21 ans. Les notes de cas de toutes les femmes concernées ont été récupérées et des informations sur les caractéristiques sociodémographiques et obstétriques, la présentation clinique, les résultats peropératoires et les issues fœtales et maternelles ont été extraites. Les données ont été analysées à l'aide de la version 23.0 de SPSS et des statistiques descriptives ont été calculées. Les facteurs associés aux décès maternels consécutifs à la rupture de l'utérus gravide ont été déterminés à l'aide d'analyses de régression logistique binaire. La signification statistique a été rapportée à $P < 0,05$.

RÉSULTATS: Il y a eu 31 616 accouchements pendant la période examinée, dont 182 cas de rupture utérine, soit une incidence de 5,76 pour 1 000 accouchements. La plupart des cas de rupture utérine (65,2 %) ont été traités par réparation utérine. Les décès maternels et fœtaux ont été enregistrés dans 8,1% et 82,7% des cas respectivement. Les femmes âgées d'au moins 35 ans ($P=0,035$), les femmes ayant accouché à domicile ou chez une accoucheuse traditionnelle ($P=0,002$), les femmes ayant eu des ruptures multiples ($P=0,049$) et celles ayant développé un choc hypovolémique ($P=0,002$) étaient plus susceptibles de mourir d'une rupture utérine.

CONCLUSION: La rupture de l'utérus reste une cause importante de morbidité et de mortalité maternelles et périnatales au Nigeria. Les stratégies de prévention comprennent une éducation sanitaire efficace des masses, la conduite du travail dans un établissement de santé bien équipé et l'orientation rapide des femmes à risque. **WAJM 2023; 40(7): 730–735.**

Mots-clés: Rupture utérine, Lagos, Mortalité maternelle, Mortalité périnatale, Incidence, Ligature tubaire bilatérale.

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