Placenta percreta induced third trimester uterine rupture in an unscarred uterus: a diagnostic dilemma.

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Description

Cases of uterine rupture induced by placenta percreta in an unscarred uterus are rare. This is a case of 30-year-old, Gravida 2 Para 1 (1001) Pregnancy Uterine 31 Weeks and 2 days age of gestation with persistent generalized abdominal pain found out to have uterine rupture secondary to placenta percreta. This paper aims to discuss the differential diagnoses for cases of third trimester abdominal pain, the appropriate diagnostic modalities and the best management for such case.

Uterine rupture should be considered in the differential diagnosis in all pregnant women who present with acute abdomen even if there are no risk factors. Exploratory laparotomy was done to investigate the cause of the patient's severe abdominal pain on top of intrauterine fetal bradycardia. During the procedure, uterine rupture with massive bleeding was detected; therefore, subtotal abdominal hysterectomy was performed. The patient was discharged without any complications. Pathological analysis of the uterine specimen revealed placenta percreta to be the cause of the rupture.

The study's aim was to see how effective nursing recommendations were at improving sexual function and quality of life in hemodialysis patients. An intervention design was used in this project. A purposive sample of 50 women was used in this study (25 women from the dialysis unit at Elahrar hospital, and 25 women from the dialysis unit at Zagazig university hospitals) To collect data we used the structured interviewing questionnaire, the Index of Female Sexual Function (IFSF), to assess sexual function, the 36-item Short Form health survey questionnaire to measure the impact of hemodialysis on women's quality of life, and arabic instructional guidelines on pelvic floor exercises to improve sexual relations and quality of life.

The sexual function index had a mean score of less than 25, suggesting that these patients had negative female sexual dysfunction. Furthermore, the mean Quality of Life (QoL) score was less than 50, suggesting negative health effects linked to QoL. Following the introduction of the nursing guidelines, there were positive relationships between total FSFI score and total SF-36 score.

Women on hemodialysis saw an increase in sexual function and quality of life. To provide continuous educational programs to determine needs and perspectives in terms of sexual care in hemodialysis units. It is well known that progesterone plays a major role in the maintenance of pregnancy, particularly during the early stages. The management of pregnant women at risk of a threatened or idiopathic recurrent miscarriage is complex and critical.

Therefore, a group of obstetricians and gynecologists practicing in Saudi Arabia gathered to update the 2014 Saudi guidelines for threatened and recurrent miscarriage management. In preparation, a literature review was conducted to explore the role of oral, vaginal, and injectable progestogens. This was used as a basis to develop position statements to guide and standardize practice across Saudi Arabia.

For women presenting with a clinical diagnosis of threatened miscarriage, dydrogesterone may reduce the rate of miscarriage. Oral dydrogesterone should be offered. Manufacturer dosage is 40 mg loading, then 30 mg once daily until symptoms (bleeding) remit. If symptoms persist/ recur, increase dose by 10 mg three times a day. Maintain effective dose for 1 week after symptoms have ceased and then gradually reduce dose. Immediately resume treatment at effective dose, if symptoms recur.

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