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I. INTRODUCTION

The herniation of a gravid uterus through a diverification of recti is a very rare occurrence. It may lead to some serious complications, such as incarceration and subsequent strangulation of the gravid uterus. Here we report a case of herniation of gravid uterus as a content of the anterior abdominal wall hernia secondary to diverification of recti, in a woman with previously normal delivered child.

II. CASE REPORT

A 25-year-old woman presented with G2P1L1A0 with 36 weeks + 3 days gestation with abdominal wall hernia with incarceration of gravid uterus with abdominal pain. Her obstetric history revealed previous vaginally

delivered male child of 3 years age. On examination, the patient was of average built, with pallor and stable vitals. Abdominal examination revealed, thin peppery skin, visible dilated veins and a 34 weeks size gravid uterus with part of uterus visible through 5x5cm defect of abdominal wall with signs of vascular compromise present over skin. FHS was localized and tenderness was present during examination. On per vaginal examination cervical os was admitting two finger, early effaced, membrane present, adequate pelvis and vertex high up. Ultrasound showed a single live fetus of 35 weeks + 3 days of gestation with breech presentation with placenta of grade 2 maturity, baby weight of 2.6 kg, with anterior wall hernia with normal Doppler and no signs of congenital anomalies.



Herniation of the gravid uterus as a content of hernial wall is rare possibly due to the fact, it is usually too large to enter the hernial sac. Till now only 18 cases of anterior abdominal wall hernia complicated by gravid uterus have been reported. With approximately 13 were incisional hernia and 5 were umbilical hernia.¹ In this rare condition reported complications are IUGR, APH, strangulation, intrauterine death, rupture of lower uterine segment and burst abdomen.²



The patient was admitted to hospital and kept under observation. Antibacterial skin ointment was applied over the affected skin and dressing done. Simultaneously, patient was given i/v antibiotics, to colytics and steroid to prevent premature delivery and early fetal lung maturity. Maternal and fetal prognosis explained to at tenders. Continues fetal monitoring was done for any signs of strangulation-like abdominal pain and vomiting. Daily fetal movement count done. An elective caesarean section was planned at 37 weeks of gestation as patient complained of abdominal pain. A male baby weighing 2.5kg with Apgar scores of 5/10 at

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1 min and 6/10 at 5 min, was delivered. Herniorrhaphy was done without a mesh. Postoperatively, the patient was given injectable antibiotics and other supportive treatment for 10 days as patient was having cough and an abdominal binder was also provided. Alternate sutures were removed on the 10th postoperative day and complete sutures on 12th postoperative day. The patient was discharged with stable vitals. Patient came for follow up after 1 week with healthy baby and healthy wound.

III. DISCUSSION

It has been observed that the incidence of abdominal wall hernia, with gravid uterus as a content of anterior abdominal wall hernia secondary to diverification of recti, is very rare (approximately <1%)³. The possible risk factor for the development of incarceration of uterus with diverification of recti is nutritional deficiency. Hernial defect repair was not possible during antenatal period due to enlarged gravid uterus⁴. Conservative management during the antenatal period, followed by herniorrhaphy as primary closure seems to be the treatment of choice in such cases⁵. Cesarean section is the treatment of choice for successful outcome in case of herniated gravid uterus.⁶

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