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### Unmasking the Unexpected: Uterine Rupture after Second-Trimester Induction in MCDA Twin Pregnancy: A Case Report

#### Abstract:

Uterine rupture is a rare but potentially fatal complication, usually linked to previous cesarean delivery or obstructed labor. Its occurrence following a second-trimester miscarriage and medical induction in a primigravida without prior uterine surgery is exceedingly uncommon. A 29-year-old primigravida (G1P0) with a monochorionic diamniotic (MCDA) twin pregnancy and low PAPP-A presented with growth discordance and abnormal Doppler findings. At 21+5 weeks, intrauterine demise of both fetuses was diagnosed, and labor was induced with mifepristone and misoprostol. Delivery occurred at 21+6 weeks. Postpartum, the patient developed pyrexia and persistent vaginal bleeding, managed with antibiotics and surgical evacuation (SEVAC). On day 32 post-delivery, she collapsed with massive hemorrhage and hemodynamic instability. Resuscitation, blood transfusion, and Bakri balloon tamponade were required. Imaging later revealed complete anterior uterine wall dehiscence with hematoma, consistent with rupture. She underwent laparotomy and uterine repair, recovered well, and was advised regarding future pregnancy risks. This case illustrates the diagnostic difficulty of uterine rupture in the second trimester, particularly when symptoms are subtle or delayed. Contributing factors may include misoprostol exposure, intrauterine infection, retained placental tissue, and twin gestation. Clinical vigilance is essential when women present with delayed secondary postpartum hemorrhage or unexplained collapse. Even in the absence of classic risk factors, uterine rupture can occur after second-trimester induction. Maintaining a high index of suspicion and prompt surgical intervention are critical to ensure maternal survival and preserve fertility.

#### Biography

**Ayisha Bhutta** is an experienced Obstetrician and Gynecologist with over 10 years of clinical experience. She holds an MBBS, MRCPI (ObGyn), and MRCOG Part 1, and continues to enhance her expertise through continuous professional development and workshops. She has extensive experience in antenatal, gynecology, labor ward, emergency, and operative care, and currently works at Latifa Women and Children Hospital. Dr. Bhutta is actively involved in teaching medical students and mentoring junior doctors, reflecting her strong passion for education, mentorship, and advancing women's health. Her clinical strengths include managing high-risk pregnancies, making swift and accurate clinical decisions under pressure, and delivering compassionate, patient-centered care. Dedicated to continuous learning and professional growth, Dr. Ayisha Bhutta remains committed to achieving excellence in Obstetrics and Gynecology within the NHS.