ISP-27-6  Rupture of a Bicornuate Uterus in a Primigravida with No Other Risk Factors

University of Illinois College of Medicine Peoria, OSF St. Francis Medical Center, USA
Maggie Dwiggin, Bradley Nitzsche, Susan Catt, Thushitha Cotter

[Background] Uterine rupture of an unscarred, primigravid uterus is a rare event and generally occurs in the presence of comorbidities such as intrauterine infection, history of surgery or induction of labor. We present a case of uterine rupture at term in a patient with bicornuate uterus and no other comorbid conditions. [Case] A 28-year-old primigravida at 37 weeks gestation presented with lower abdominal cramping. No contractions were recorded on the monitor, cervical dilation to one centimeter did not change over four hours of monitoring, and she was discharged home with precautions. She was known to have a bicornuate uterus and vertex presentation had been confirmed one week prior. The patient returned, one hour later, with sudden onset, severe abdominal pain. Her abdomen was rigid and exquisitely tender to palpation. Fetal bradycardia was noted, and the patient was emergently delivered by primary cesarean section. A viable fetus was found to be floating in the abdomen with accompanying hemoperitoneum. Uterine rupture along the medial aspect of the left horn was noted at the time of delivery and repair. No other uterine or adnexal abnormalities were noted. [Conclusion] The incidence of rupture in any uterine anomaly may be as high as 8%, however this incidence is not defined for bicornuate uterus. We have identified a case of uterine rupture in the absence of known risks factors, and this raises the question of whether bicornuate uterus should be considered a risk factor for uterine rupture.

ISP-27-7  Severe and Short Dizziness in a Pregnant Woman with Type I Arnold Chiari Malformation: A case report and review of the literature

Saitama City Hospital
Masanori Ono, Mayu Shirahashi, Noriko Tomioka, Maeda Julia, Keiko Watanabe, Tomoko Amagata, Toshiyuki Ikeda, Kazumi Yakubo, Tatsuro Fukuiya

Symptoms such as dizziness are frequently observed in pregnant women. Since type I Arnold Chiari Malformation (ACM) may cause lethal complications such as central sleep apnea, patients with neurological symptoms require extremely careful management. There are no strict recommendations regarding management of parturients with type I ACM. A 30-year-old pregnant woman was referred to our department at 10 weeks gestation with complications of type I ACM. At the age of 27 she had complained of dizziness and was diagnosed with type I ACM. Neurological examination confirmed both persistent ataxia and anesthesia of the extremities. Cranial and cervical magnetic resonance imaging (MRI) revealed cerebellar tonsillar herniation through the foramen magnum. An MRI scan at 27 week-gestation revealed a type I ACM, unchanged since at the age 27. For this reason, we chose conservative treatment rather than surgical decompression. Her obstetrical course was unremarkable, and she was delivered of a healthy, term male baby, weighing 3560 g. Pregnant women with known type I ACMs who experience neurological deterioration require prompt evaluation of their anatomic and neurologic status. Further clinical observation and study are necessary for the better understanding of dynamic physiology of type I ACMs during pregnancy.

ISP-27-8  Pregnancy outcomes after liver transplantation

Hiroshima University
Naoko Terawaki, Hiroshi Miyoshi, Yuki Teraoka, Suguru Nosaka, Satoshi Urabe, Norifumi Tanaka, Yoshiki Kudo

The number of pregnancies post-liver transplantation (LT) is on the rise, as the number of LT recipients with a good outcome has increased. However, post-LT pregnancy was reported to be associated with a high risk of complications such as gestational hypertension and acute rejection. We retrospectively assessed outcomes of post-LT pregnancies in our hospital. Thirty-five women <50 years old underwent LT from 1991 to 2014. Ten pregnancies (5 recipients) resulted in 6 live births. The LT to pregnancy period ranged from 2-19 years. The indications for LT were acute liver failure (2 recipients), congenital biliary atresia, Budd-Chiari syndrome and primary sclerosing cholangitis. Tacrolimus was administered during pregnancy in 5 pregnancies, and discontinued in one. In 2 pregnancies, mycophenolate mofetil was changed. None of the recipients had gestational hypertension, or fetal growth restriction. Condyloma infection and hydramnion were observed. Of 6 deliveries, 2 were cesarean sections, and preterm delivery, occurred in 2 others. Two preterm infants were born with low birth weight, with none having a congenital anomaly. Two patients experienced temperature elevation in the month post-delivery. In conclusion, though we included only a small number of cases, pregnancy after LT, with careful management, was not associated with serious complications or liver dysfunction.