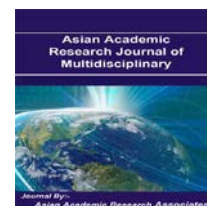




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**CERVICAL FIBROSIS FOLLOWING CERVICAL ENCIRCLAGE LEADING TO
RUPTURE OF UTERUS DURING INDUCTION OF LABOUR**

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Abstract

Intravaginal misoprostol is widely used for termination of pregnancy because of its excellent results. However, there are many case reports of uterus rupture because of its excessive uterine activity in both previously scarred and unscarred uterus. We report a case of G4P3D3 with known case of rheumatic heart disease (RHD), with mitral stenosis (MS), who had undergone percutaneous transcatheter mitral commissurotomy (PMTC) 2 years back. She had a cervical encirclage done at 18 weeks for recurrent preterm deliveries. She presented to us with IUD at 28 weeks. When she was induced with misoprostol, she ended up with silent rupture of uterus. Intraoperatively, there was a complete posterior wall rupture, which is not a common site for rupture. The cause of rupture was thought to be cervical dystocia due to fibrosis following previous cervical encirclage. Because even with good uterine contraction there was no cervical dilatation and also cervix was appearing fibrosed. So, all patients with previous cervical encirclage should be looked for consistency of cervix and induction of labour should be done cautiously.

KEY WORDS:- Misoprostol, Cervical encirclage, Rupture uterus, Fibrosis, cervical dystocia.
