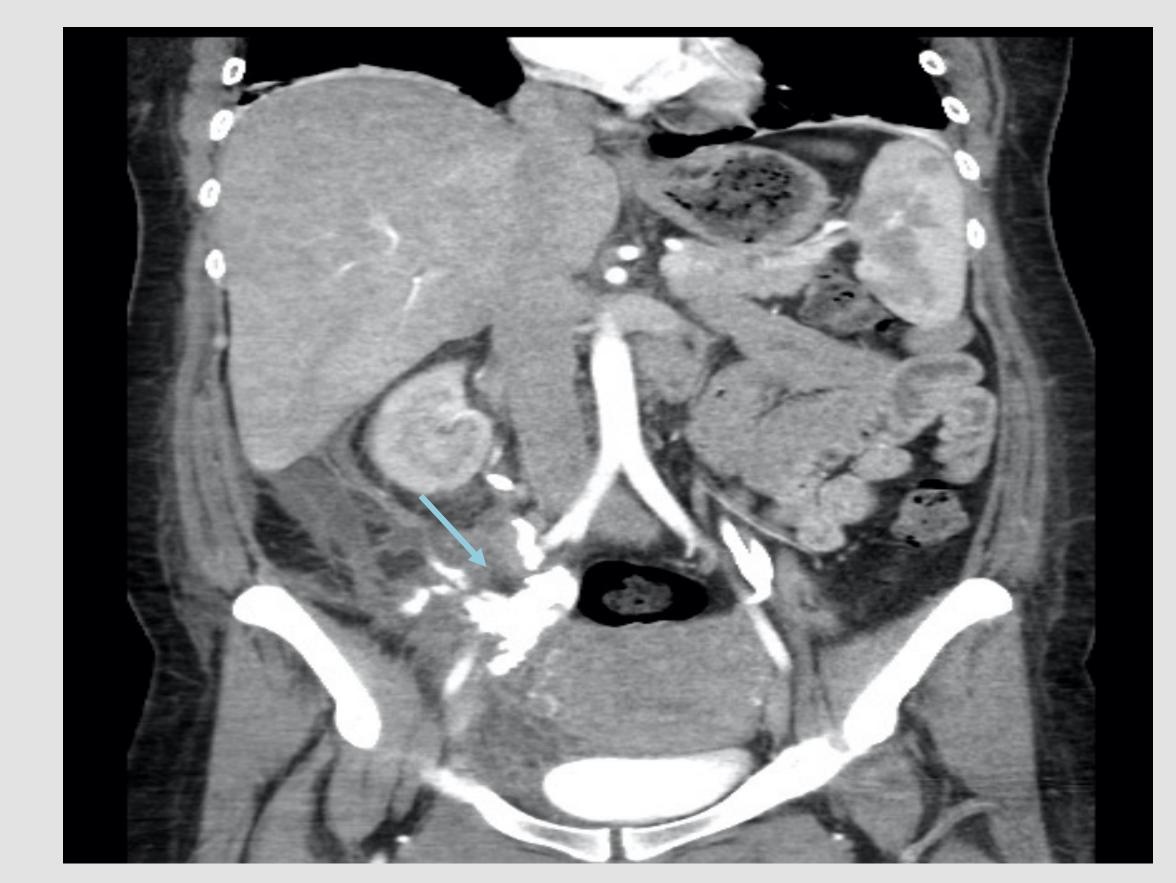
A Case of Spontaneous Ureteric Rupture Following Unassisted Vaginal Birth

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Background and Aims

Ureteric rupture presents a rare cause of acute abdominal pain in the postpartum period, especially in the absence of iatrogenic injury, trauma, or a pre-existing urinary tract anomaly. Complications following ureteric rupture may include abscess, sepsis, and urinoma.



This case report describes a rare case of spontaneous ureteric rupture following an unassisted vaginal birth in a patient presenting two days postpartum.

Case

A 28-year-old multiparous woman suffered a spontaneous right ureteric rupture following an unassisted vaginal birth with spontaneous onset of labour at term. She presented two days postpartum with fevers, and severe right sided abdominal and flank pain.

The patient had no medical comorbidities and her obstetric

Figure 1



history included a previous term ventouse delivery.

The patient had no known renal tract anomalies, although she was treated for pyelonephritis at 31 weeks gestation. Light haematuria was also noted intrapartum following indwelling catheter insertion, which has resolved prior to catheter removal.

Results

An eight centimeter right mid-ureteric rupture was diagnosed on CT angiography with significant

Figure 2

Figure 1 and 2 show CT angiographic images demonstrating right mid ureteric rupture at level L5 – S4 with extravasation and urinoma formation. .

Discussion

We conducted a literature review and ureteric rupture
presents an exceedingly rare cause of abdominal pain in
the postpartum period with only five other cases
previously reported (1-5).

It is worth considering this uncommon differential in the
work up of abdominal pain in the post-partum period even
in the absence of obstetric intervention or pre-existing
conditions. As demonstrated in this case report, ureteric
rupture can cause significant pain and can be further
complicated by urinoma, abscess formation and sepsis.

extravasation of contrast and associated urinoma.

Pathology results also demonstrated an elevated creatinine and CRP.

In consultation with the urology service, a stent was placed into the right ureter under x-ray guidance with clinical improvement thereafter. She was discharged home day 5 post-operatively. The stent was removed 6 weeks later without complication.

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