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Partial Thickness Annular Tear of Cervix Presenting As Placenta Previa: A Rare Case Report

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ABSTRACT

Intra partum cervical injuries are not uncommon. These include cervical lacerations, lateral cervical tears and rarely complete avulsion or partial tear can also occur. Our case represents such rare cervical injury i.e. annular tear of cervix during labor.

INTRODUCTION

The annular detachment of cervix can occur spontaneously but it is a rare intrapartum complication (1). The incidence which was last reported was 1:14500, according to a large case series in 1962 (2). However, it occurs more rarely in modern obstetric practice. This is due to the fact that modern obstetric practice favors shorter lengths of labor and high rates of cesarean sections (2,3). The cervical tears can be complete (cervical avulsion) or incomplete (annular detachment or bucket handle tear). Bucket handle tear refers to a semi-circular transverse cervical tear, where the lateral portions of cervix remain attached. The main causes are unyielding cervix, precipitate labor, cephalopelvic disproportion, faulty mechanism of labor, induction of labor, cervical encirclage (4). We here describe a rare case of partial annular tear of cervix presenting unusually as placenta previa.

CASE REPORT

A 25-year-old female, gravida three, abortion two with 38 weeks of period of gestation presented to labor room. Her chief complaints were labor pains and bleeding per vaginum for 1 hour, associated with soakage of 4-5 pads. She had a routine antenatal course with no complaints of bleeding per vaginum during entire antenatal period. She had no history of any previous cervical trauma or surgeries. She had a spontaneous abortion at 2 months of period of gestation with no history of any surgical intervention. She had another missed abortion at 3 months of period of gestation and evacuation was done for the same. On examination, her blood pressure was 90/60 mm Hg, pulse rate 118 bpm. Per abdominally uterus was term size, non-tense and non-tender. The fetal presentation was cephalic with heart rate of 120 bpm. Uterine contractions were moderate. On local examination, active bleeding was present per vaginally. Ultrasonography showed placenta to be in upper uterine segment.

Patient was shifted to operation theatre for double set up examination and simultaneously PRBC's were cross matched and arranged. On per vaginum examination, vagina was filled with blood clots, cervix was three cm dilated and placenta was felt partially covering the os. Decision for cesarean section was taken. Intraoperatively, placenta was in upper uterine segment, liquor was clear and uterus was well contracted but excessive bleeding per vaginum was still present. Upon cervicovaginal exploration post LSCS, a partial thickness annular tear of 7x8 cm was found in right and posterior cervix at 1 o'clock to 7 o'clock position. Same was stitched and good hemostasis was achieved.

Later on, patient gave history of induction of labor with tab misoprostol at some private hospital. She was debriefed in the immediate post-partum period and had an uneventful postnatal course. Counselling and recommendations for future pregnancy were done. She was counselled about the need for prenatal cervical length ultrasound monitoring and that the possibility for cervical cerclage could be considered.

DISCUSSION

Cervical injuries are not uncommon during labor. These include cervical lacerations, lateral cervical tears, rarely bucket handle tears and cervical amputation. In our patient, partial thickness annular tear presented as ante partum hemorrhage. On per vaginal examination, this tear was mistaken for low lying placenta and patient was taken up for LSCS. The cause of annular tear of cervix may be underlying unyielding cervix due to fibrosis or stenosis. An added factor may be hypertonus caused by prostaglandins. Precipitate labor may also be one of the causes. As in this case, patient had history of two abortions, which may have led to fibrosis of the cervix making underlying cervix unyielding and rigid. But the patient was fortunate enough that the contractions did not eventually lead to uterine rupture. Therefore, cervical injuries should be cautiously examined to prevent complications like post-partum hemorrhage, hematometras etc., if left unstitched.

CONCLUSION

The spontaneous annular cervical detachment is a rare and poorly understood obstetric complication. In this case, it presented as antepartum hemorrhage. Therefore, whenever a patient of ante partum hemorrhage presents, differential diagnosis of cervical tear should be kept in mind and patient to be inspected carefully to rule out any local injuries.

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