

Journal article

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JOURNAL ARTICLE REVIEW Prenatal Sonographic Detection of Uterine Dehiscence Diane J. Youngs, Kathleen A. Praska and Roger W. Harms

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NUMBER: 6 PAGES: 418-421 SUMMARY OF PROBLEM TO BE INVESTIGATED

This article addresses sonographic detection of uterine dehiscence, which is the incomplete separation of the myometrium at uterine scar site. The existence of uterine dehiscence is mostly from patients who have had previous cesarean section. Labor contractions are also believed to be possible cause of complete uterine rupture, which is very dangerous. A mixture of abdominal pain, ballooning membrane, and history of caesarian section signifies uterine dehiscence. The article further asserts that sonography is vital in managing both second and third trimester obstetrical emergencies and the chief consideration for sonographers is placental abruption, ectopic pregnancy, and perhaps extra uterine causes. Some of the symptoms of uterine dehiscence may include pain or vaginal bleeding and its significance is linked with the possibility for a complete uterine rupture with the labor onset (Youngs, Praska and Harms 418-421).

REVIEW OF THE LITERATURE This article is satisfactory especially on the way the authors have analyzed their subject. A case study was carried out and well documented in the article. Apart from describing uterine dehiscence is described as an incomplete separation of the myometrium at a uterine scar site there is also another danger imposed by complete uterine rupture, which is caused by labor contractions. The authors of this article have also referred to different previous knowledge such as Asakura et al. and Gotoh et al who gave their opinions about the sonographic relationship between thickness of the uterine wall and uterine rupture. Complete uterine rupture is linked with <https://assignbuster.com/journal-article-article-samples/>

uterine dehiscence. This article asserts that there is vital need of reducing maternal and fetal compromise through carrying out of sonographic diagnosis of uterine dehiscence (Youngs, Praska and Harms 418-421).

MATERIALS/METHODS AND ANALYSIS OF METHODS A woman in her 20s with gravida 2 and para 1 in the 26 weeks of gestation period was used. She had a cute pain from her umbilicus although no vaginal bleeding or even loss of fluid. Also the woman had undergone cesarean section previously and sonographic examination was performed by Philips/ATL HDI 5000 sonography system of 5-MHz curvilinear transducer and later admitted to Labor and delivery for observation. Another obstetric sonographic examination intended to evaluate the appendix was carried out using Siemens/Sequoia sonography system whose curvilinear transducer was 6-MHz and finally Tocolysis. The authors analyzed this study after thorough medical procedures were employed in carrying out the study (Youngs, Praska and Harms 418-421). **DISCUSSION OF FINDINGS AND APPLICATION TO PRACTICE**

It has been found that women with prior caesarian deliveries' history and experience trial of labor are likely to suffer from uterine dehiscence and rupture. Complete uterine rapture is very risky and may even lead to hysterectomy, hemorrhage, or even sock for the mother. There are also cases of dehiscence and rapture during the antepartum period although it has not been linked with serious maternal as well as perinatal morbidity. It is however worth noting that incomplete rapture may see the split of urine contents from peritoneal cavity particularly by the visceral peritoneum of the uterus. Any form of evidence regarding uterine dehiscence should be sought as soon as possible due to dangers associated with it (Youngs, Praska and Harms 418-421). Out of the six viewed reports of prenatal sonographic

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detection of uterine dehiscence five indicated acute localized pain without vaginal bleeding but one showed blood tinged vaginal discharge on the patient. Additionally, all the cases validated sonographic evidence of membranes protruding via uterine scar defect but Bromley described any exception to this in unusual cases. Also, it was found that the probability of rapture is high when the myometrium thickness is 3.5mm or even less or almost 37 weeks of gestation. Sonographers may use their evidences in counseling patients with previous caesarian sections concerning trial of labor and evaluation of intrauterine gestation more so during abdominal pain. In case of any suspicion in relation to uterine dehiscence, there may be a number of serial assessments done to confirm the challenge (Youngs, Praska and Harms 418-421).

EVALUATION OF THE CREDIBILITY OF THE STUDY The population was not adequate to prove the credibility of the study. The study was conducted by a woman in her late 20s with gravida 2 and para 1 which was presented at 26 weeks of gestation. The fact that the woman was complaining of acute pain from the umbilicus to the groin with absence of vaginal bleeding, loss of fluid and past uncomplicated cesarean section sometimes back was an important aspect in this study. This could give enough evidence and credibility to the study though not to a higher extend because the population involved in the study was not sufficient (Youngs, Praska and Harms 418-421). However, the different sonographic examinations may play an important role in boosting confidentiality in the study. Works Cited Youngs, Praska and Harms Roger. “ Prenatal Sonographic Detection of Uterine Dehiscence.” *Journal of Diagnostic Medical Sonography* 20 (2004): 418-421. Print.