



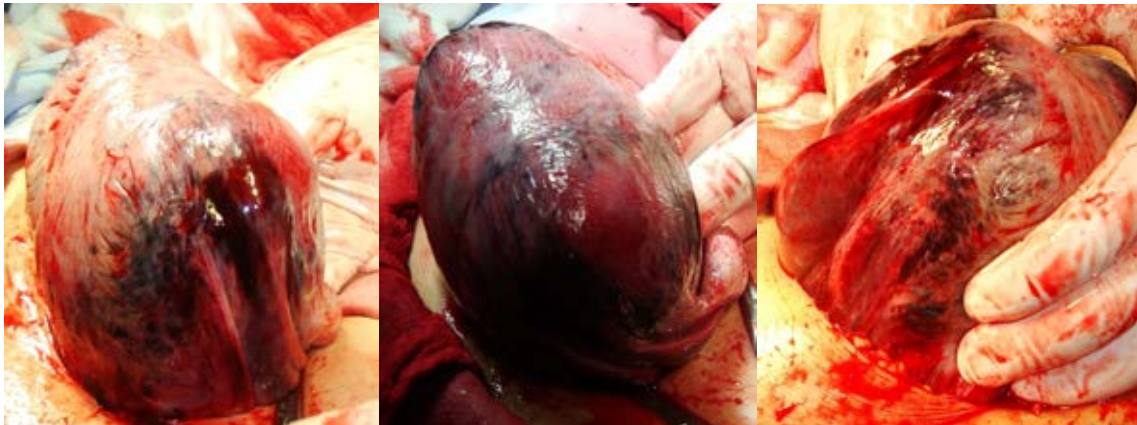
Uteroplacental apoplexy (Alexandre Couvelaire´s Uterus)

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Received: Mar 16,2011
Accepted: Mar 24,2011

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Images illustrate a uterine vascular infiltration into the myometrium, characteristic of uteroplacental apoplexy

Female patient, 39 years old in her third pregnancy with 2 deliveries, in week 40 of gestation with a history of inadequate control of gestational hypertension, taken to the emergency room with blood pressure of 150/90, abdominal pain, nausea without vomiting, uterine hypertonia and mild vaginal bleeding. The cervix showed a 2 cm pelvic dilatation and effacement of 50%. The fetal heart rate (FHR) is detected with 140 bpm. She is transferred to the labor room to test labor.

During the stay in the labor room, the patient shows high blood pressure, severe pain despite obstetric analgesia, FHR with ranges less than 100 bpm. A Fetal Non-Stress Test (NST) was performed which resulted non-reactive due to persistent bradycardia. She is performed a cesarean section.

Uteroplacental Apoplexy without active bleeding, necrosis, or weakness is found during surgery. No surgery complications. Since there were no complications during pregnancy, neither hysterectomy nor abdominal drainage was carried out. After surgery the patient was referred for postsurgical puerperium with subsequent discharge because of improvement and no complications.

Couvelaire´s uterus is a rare, nonfatal complication of previous detachment of the placenta. It occurs when vascular placental damage produces progressive hemorrhage and infiltrates the uterine wall. It is a syndrome that can only be diagnosed by direct visualization, biopsy, or both.^{1,2,3}

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