

[Reprod Toxicol.](#) 2005 Nov-Dec;20(4):575-7. Epub 2005 Jun 27.

Oral misoprostol and uterine rupture in the first trimester of pregnancy: a case report.

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Comment in:

- [Reprod Toxicol. 2006 Apr;21\(3\):223; author reply 224.](#)

Abstract

We are reporting the case of a woman with 8 weeks of amenorrhea who orally received a single dose of misoprostol 400 microg at midnight for ripening of cervix before uterine evacuation of an intrauterine gestational sac containing a single fetus (6.3 weeks of gestation) without cardiac activity. The patient had severe abdominal pain an hour later. Her blood pressure was 70/40 mmHg and her abdomen was slightly distended with direct and rebound tenderness. A transvaginal ultrasonography showed a 3-cm depth of a free fluid collection in the rectouterine pouch. Her hemoglobin and hematocrit levels were of 6.5 g/dL and 18.4%, respectively. A rupture of 1.5 cm at the left uterine horn with a protruding gestational sac was identified by laparoscopy. The gestational sac was removed and hemoperitoneal collection were successfully drained. The site of uterine rupture was primarily sutured and postoperative course was satisfactory. In summary, misoprostol administered in the first trimester of pregnancy may produce uterine rupture.