OBSERVATIONS ON ACCIDENTAL HAEMORRHAGE BASED ON 64 CASES *

by

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At the Nilratan Sircar Medical College during the period 1-10-58 to 1-8-60, there were admitted 64 cases of Abruptio Placentae. During the same period total number of confinements was 10,839, so the incidence of accidental haemorrhage was 0.59% (1 in 169).

Aetiology. Toxaemia of pregnancy was found in 42.1% cases while trauma was present in 4.7% cases. In 7.8% cases twins, hydramnios, short cord were associated. Hypertension was found in 5 cases and severe anaemia in pregnancy was found in 6 cases. There was 1 case of circumvallate placenta. No cause was found in 28% of cases. It is noteworthy that in 2 cases accidental haemorrhage developed in anaemia of pregnancy while admitted in the ward, and in 3 cases accidental haemorrhage occurred in preeclampsia while being treated in hospital. In one case abruption occurred after being admitted in labour with dribbling liquor amnii.

Clinical Features. There were 65.6% of cases between the ages of 21 years and 30 years. Below 20 years there were 3 cases, between 31 and 40 years 8 cases and above 40 years there was 1 case. Primigravidae 10.9% of cases while the rest were multiparae. Incidence was found greater with rising parity when considered as to the number of confinements per individual parity. Period of gestation was below 36 weeks in 70.3% cases while 26.7% cases were above 36 weeks. Pain was present in 41 cases, of which pain preceded bleeding in 32 and followed bleeding in 9 cases. Accidental haemorrhage was of severe type in 49 cases and milder variety was found in 15 cases. Warning haemorrhage was found in 3 cases. Bleeding was concealed in 11% of cases. Shock was present in 15.6% of cases. These were of the severe variety. Hypertension was present in 56.3% and oedema was found in 48.4% of cases. Uterus was of normal tone in 28 cases, slightly tense in 6 cases and hard in 30 cases. Foetal heart sounds were absent on admission in 26 cases, while in 8 cases they disappeared after admission. 44 cases were in labour on admission while 19 cases were not in labour and 1 case was admitted post-partum. Albuminuria was present in 26 cases on admission and in 2 cases albumin appeared later in labour. In 27 cases haemoglobin was between 4 to 7 gm. while in 31 cases it was between 7 to 10 gm. Fibrinogen was estimated before confine-

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ment in 29 cases. In 9 cases it was between 100 to 200 mgm., while in 8 cases it ranged between 201 to 300 mgm., in 11 cases between 301 to 400 mgm. and in 1 case above 400 mgm.

Management. Blood transfusion was given in 56.2% of cases either before or during and after labour in severe cases with shock and anaemia. In 37 cases spontaneous vaginal delivery was obtained without any interference. A.R.M. was done in 21 cases mostly in labour with a hard uterus and with partially dilated cervix. A.R.M. helped reducing intra - uterine tension, hastening labour and thereby preventing fibrinogen deficiency. Vaginal delivery followed in these cases. Pitocin was given by I.V. drip method in 1 case with favourable result and vaginal delivery. Vaginal interference was needed in 1 case of forceps delivery, 1 case of breech extraction, 1 case of craniotomy. Caesarean hysterectomy was needed in 1 case of Couvelaire uterus in which the uterus did not contract after caesarean section, done for concealed haemorrhage.

Atonic post-partum haemorrhage occurred in 9.3% of cases. Placenta was retained in 2 cases requiring manual removal. Haemorrhagic diathesis with coagulation defect was found in 3 cases. There was no case of cortical necrosis of kidneys.

Changes in Placenta. Examination of placenta after delivery showed circumvallate placenta in 1 case. The size of retroplacental clots varied from below 8 ounces in 28 cases, 8 ounces to 1 pound in 24 cases and above 1 pound in 10 cases.

Histological examination of the placenta showed crowding of villi, prominent syncytial knuckles and fibrin deposition from patchy to massive in nature in all the cases. Arteriosclerotic changes with occluded lumen were found in 6 cases of hypertension. There was evidence of old haemorrhage in 3 cases and recent haemorrhage and vascular congestion in 20 cases. Areas of infarction were found in 10 cases. Areas of fibrinoid deposition were patchy or massive in the cases.

Prognosis. Still-birth occurred in 53.1% cases while neonatal death due to asphyxia and prematurity occurred in 6.2% cases. Gross foetal and neonatal mortality was 59.3%. Of the 64 babies, 21 were premature.

Maternal mortality occurred in 4 cases (6.4%). In 2 cases death was due to post-partum haemorrhage while in 2 cases severe anaemia was the cause of death.

Conclusion. Anaemia and malnutrition were common in the obstetric cases since the patients were poor and had no antenatal care, and accidental haemorrhage occurred in these cases. Though toxaemia is more common in primigravida, accidental haemorrhage was found more commonly with increasing parity. Overall incidence of toxaemia was more common as most of the cases were emergency admissions.

Rapid emptying of the uterus is the sheet anchor in the line of treatment. A.R.M. is invaluable to induce labour, to reduce intra-uterine tension and hasten labour. Caesarean section is useful in concealed haemorrhage with undilated cervix. Caesarean hysterectomy is rarely needed as most cases of Couvelaire uterus contract satisfactorily after emptying and with ergometrine. There is difference of

opinion as to the use of intravenous pitocin in selected cases. The argument against it is that it may produce rupture of uterus in damaged uterus and cause thromboplastin embolism and fibrinogen deficiency. In selected cases it does help in contraction of uterus and rapid emptying of uterus results.

Foetal mortality is very high in accidental haemorrhage since it is a progressive condition as compared to placenta praevia. In many cases foetus is already dead due to placental detachment before the patient is admitted. In those cases where foetus is in distress, quick caesarean section, if maternal condition allows, would save some babies.

Haemorrhagic diathesis due to fibrinogen deficiency and kidney failure due to shock and cortical necrosis are no doubt serious maternal complications and treatment should be guided keeping these in view. If prompt treatment of shock and blood loss is instituted early, the incidence of these complications can be avoided.

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