DYSTOCIA DUE TO DISTENSION OF FOETAL BLADDER

A Case Report

by

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"Dystocia during labour could take place due to a variety of causes which may be of maternal or foetal origin. Of the foetal causes congenital anomalies form a major group. Of these hydrocephalus, monsters, polycystic kidney, foetal ascitis, conjoint twins, though rare, are yet seen once in a while. Dystocia due to distension of foetal bladder is extremly rare. It is because of its rarity and clinical importance regarding its recognition that the present case has been reported.

Mrs. A. D., aged 32 years, was admitted on 1st March 1961 at 11 A.M. to Maternity services of S. N. Hospital on account of obstructed labour. She had a previous obstetric history of three normal deliveries, last delivery was two years back. All the babies were normal, no congenital abnormality had occurred in the family. Her last menstrual period was nine months back, the exact date she did not remember.

On admission general condition of the patient was good, blood pressure being 120/90 mm. of Hg., temperature was normal, pulse 96 per minute, urine clear, blood group 'B' Rhesus positive, Hb. 10 gms.%.

Labour began on 28th Feb. 1961 in the evening at about 6 p.m. Pains were good, labour progressed normally, membrances ruptured at 12-30 a.m. and the head was delivered, but after that progress ceased. The Dai tried her best, but she failed to deliver the child and in the process both the hands and cord came out and ultimately the neck was broken. As such, she was transferred to the Hospital.

The uterus was contracting and relaxing with a normal tone. Height of the fundus was 36 weeks. Limbs were not felt and the feel was soft and cystic. Foetal heart sounds were not audible.

Vaginal Examination. The head was lying outside the vulva, the neck was out almost completely, but for a flap of skin by which it was hanging from the thorax. Both the upper extremities and cord were seen outside the vulva (Fig. 1). The

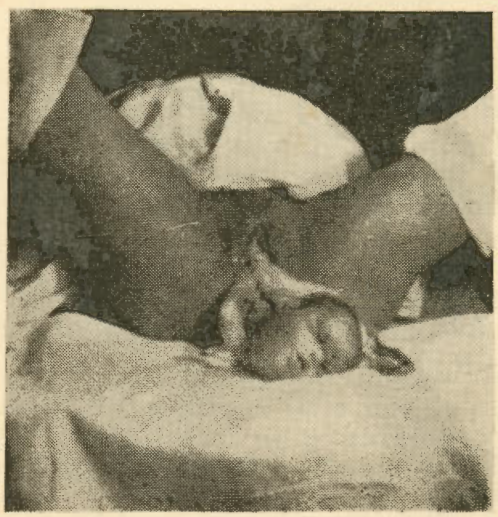

Fig. 1

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patient was in this state for last ten hours.

She was given ¼ gr. morphia with atropine gr. 1/100 sub-cutaneously, A.T.S. 1500 I.N. units, A.G.S. 3000 units. Intravenous fluids were started.

Under general anaesthesia, whole hand was introduced in the uterus when a firm cystic swelling was felt in the region of foetal abdomen, occupying the whole of the uterus. Contraction ring was not present. Traction was tried to deliver the child, but failed, as such evisceration was attempted and foetal abdomen was opened near the lower costal margin. Clear fluid drained freely and by fundal pressure foetus was delivered without any difficulty. The placenta and membranes were expressed. There was no post-partum haemorrhage.

Mother's recovery was uneventful and she was discharged from the hospital on 6th day.

Foetus. The child, a still-born male weighed 7¼ pounds, head and neck were normal, but abdomen was enlarged and grossly distended.

Following abnormalities were revealed (Fig. 2):—

Fig. 2

1. The bladder was enormously distended and thick-walled, the estimated capacity being 3 pints.
2. Bilateral hydro-ureters were present, the dilatation being continued in kidney pelvis compressing the kidney tissue.
3. Urethra was imperforate in penile portion.
4. Penis was oedematous and 9.5 cms. long.
5. Both the testes were undescended and attached to the back of the bladder.
6. Caecum, ascending colon and transverse colon were absent, the small intestines being continued as descending colon. Anal opening was normal.
7. Talipes equinovarus was present Cord and placenta were normal.

Discussion

The highest incidence, 30-40% of congenital maldevelopment, is found in the urogenital tract of foetus (Obst. and Gyn. 95, 1957). The condition includes polycystic kidneys, congenital hydronephrosis, hydroureters, excessive distension of bladder due to a variety of causes and patent urachal cyst.

Occurrence of dystocia due to great enlargement of foetal bladder is very rare. Only 10 or 12 cases are described in literature. In two of these reported by Jeffcoate and Still, there was no evidence of obstruction to the urinary tract; in the remainder reported by Edgecombe, Savage, Shaw and Marriott, Beacham and Beacham, Train, and Sarma, obstruction was present in some part of urethra. The majority of the affected children were male.

Other congenital anomalies are commonly noted in these foetuses. This one also had undescended testes, talipes equinovarus and non-development of ascending and transverse colon.

Summary

1. A case of dystocia due to excessive distension of foetal urinary organs has been described.

2. Obstruction to penile portion of urethra was the cause of bilateral

hydroureters and distension of foetal bladder.

References

1. Beacham D. W. and Beacham W. D.: Amer. Jour. Obst. and Gyn.; 63, 203, 1952.
2. Edgecombe D.: J. Obst. and Gyn. Brit. Emp.; 37, 832, 1930.
3. Jeffcoate T. N. A.: J. Obst. and Gyn. Brit. Emp.; 38, 814, 1931.
4. Sarma V.: Brit. J. Clin. Prac.; 13, 707, 1959.
5. Savage J. A.: J. Obst. and Gyn.; 29, 276, 1935.
6. Shaw R. E. and Marriott H. J.: J. Obst. and Gyn. Brit. Emp.; 56, 1004, 1949.
7. Still W. J. S.: J. Obst. and Gyn. Brit. Emp.; 62, 597, 1955.
8. Train T. S. R.: J. Obst. and Gyn., Brit. Emp.; 674, 1959.