

## DIFFICULTIES IN EXTERNAL VERSION IN BREECH PRESENTATION

(Report of Two Cases)

by

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We do external version in all cases where breech presentation is diagnosed during ante-natal examination after the thirtieth week. When the foetal head is nearer the middle line at the fundus we use the technique developed in our Clinic for external version in cases of extended breech. The foetal breech is lifted out of the mother's pelvis and pushed to the side opposite to the back of the foetus. In cases where the foetal head appears to be well flexed and lies to one side of the fundus it is expected that it is a case of breech presentation with flexed knees and in such cases the technique used is the older one of guiding the foetal head towards the maternal pelvis by the shorter route while the foetal breech is lifted up and moved towards the back of the foetus.

Where difficulty is experienced in effecting external version by these techniques an X-ray photo is taken and the lie of the foetus is carefully studied and only then the real cause of the difficulty becomes apparent and the correct method of overcoming

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it devised. Two such cases are reported here.

### Case 1

Mrs. S.R.K., seen in ante-natal clinic on 21st July 1963.

She was found to be a breech case with the foetal head well to the right side near the fundus. External version was tried. The buttocks of the foetus were lifted upwards and to the left while the head was manipulated downwards on the right side. During this trial it was felt that some shifting of the buttocks was secured but the head did not move to any appreciable extent. The patient was nervous and could not be made to relax fully. Clinically, from the position of the foetal head it was felt that since the head was well flexed it was a case of complete breech. An X-ray was taken (Fig. 1) and then the following day version was tried again under very light general anaesthesia. This time the buttocks were pressed upwards and to the right and external version was effected with great ease.

An examination of the position of the foetal legs in the X-ray photo explains why there was difficulty in effecting version when the head was pressed down so that it traversed the shortest distance to the pelvic inlet and also why version was so easy when the breech was manipulated towards the foetal legs. It is clearly seen in the X-ray photo that the position of the foetal legs is such that they would not move as a result of any pressure of the external hand lifting the foetal breech up and pressing it to the left. The legs in the position in which they are with the knees lying close

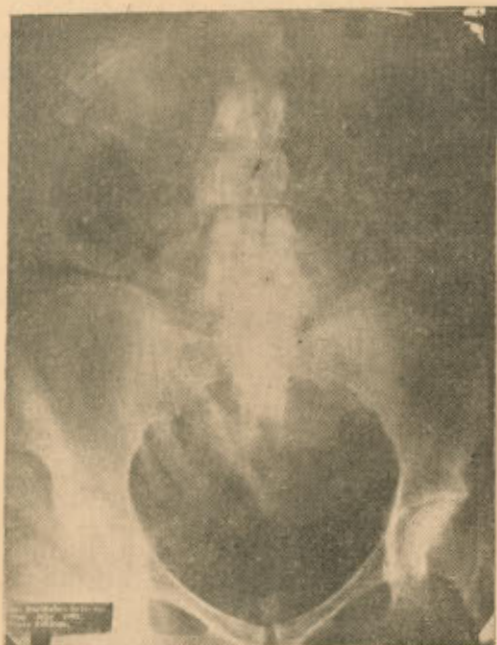


Fig. 1

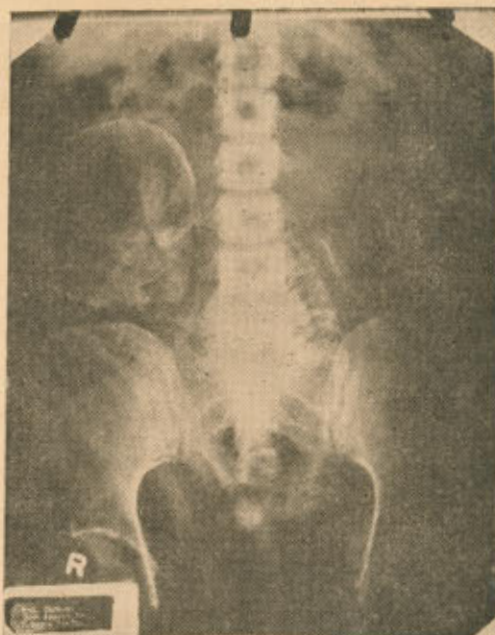


Fig. 2

below the foetal head will effectively prevent any movement of the foetal head downwards. On the other hand, when the foetal breech is lifted up and pressed to the right it must carry the legs with it and thus version is made easy.

#### Case 2

Mrs. T.G. seen in the ante-natal clinic on 12th August 1963.

In this case the head of the foetus was to the right side as in the last case and appeared to be well flexed and therefore it was taken to be a case of complete breech. Attempts at external version by either of the two techniques did not succeed so an X-ray photo was taken (Fig. 2). From the X-ray photo it was seen that it was a case of extended breech but for some reason the head was more to the right side than is usually seen in cases of extended breech. This might have been the result of earlier manipulations where attempts were made to move the foetal head to the right. It was seen in the X-ray photo that

the foetal breech was deep in the maternal pelvis and since the foetal head and neck were acutely flexed the back of the foetal head was pressed hard against the fundus when the foetal breech was lifted out of the pelvis. It had then not the least tendency to move to the left as the breech was moved to the right. On the other hand as the legs of the foetus were extended and were lying just near the foetal head to its right side they prevented the head from moving further to the right and downwards by the shortest route to the pelvic inlet. Without anaesthesia external version was then done with comparative ease by following the technique of lifting up the foetal breech and holding it in this position with one hand and with the other hand pushing the foetal head from the right side towards the left.

#### Remarks

Whenever difficulty is experienced in effecting external version in breech cases one should avoid using much

force or attempting version under anaesthesia. Instead of that an X-ray photo should be taken and the foetal lie studied carefully. This will often reveal the real cause of the difficulty and suggest the technique for overcoming the difficulty without the use of excessive force.