A CASE OF PLACENTA PRAEVIA WITH ACUTE MYOCARDIAL INFARCTION

by

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A combination of obstetric emergency like placenta praevia and medical emergency like acute myocardial infarction is very rare. Not a single such case has been reported in the literature upto date.

Case Report

A thirty-five years old Hindu female residing at Ulhasnagar was admitted to Cama Hospital on 16th July 1970 with chief complaint of eight months' amenorrhoea with painless bout of bleeding per vaginam. She had two similar bouts of bleeding in the preceding ten days for which she just rested at home without any medical supervision. She had no antenatal care before coming to the hospital.

She had six full term normal deliveries with four living children—one male and three female. Her last delivery was four years ago. She gave history of one abortion of six months' duration, eight years ago.

Her past menstrual history was regular. She was not sure about the date of her last period.

Her personal history revealed that she was smoking about thirty to forty biddis per day for the last ten years. She also gave history of cough on and off for last two years.

On general examination the patient was of average build and poorly nourished. Her pulse was 88/min., blood pressure was 110/70 mm. of Hg. She was looking pale. There was no oedema of feet. Cardio-vascular and respiratory systems revealed no abnormality on clinical examination.

On abdominal examination, uterus was about thirty-four weeks' size, well relaxed and not tender at any site. The presenting part was head, high floating. The foetal heart sounds were regular—136/min. The fundal height was thirteen inches and girth was thirty-three inches. The bleeding per vaginum was mild.

Her haemoglobin was 11 gms.%. A catheter specimen of urine showed no abnormality (albumin or granular casts).

A presumptive diagnosis of placenta praevia was made in view of the above findings. The patient was treated on expectant line of treatment as the bleeding per vaginum was not much, her general condition was good, the fundal height was only about thirty-four weeks and the foetal heart rate was normal.

The patient was transferred to antenatal ward and kept under observation. She had a small bout of bleeding on 21st July 1970 i.e. 5 days after admission but it responded to expectant line of treatment.

On 4th August 1970, at about 10-45 p.m. the patient complained of severe pain in the precordial region and in the left arm.

On examination she was found to be cold, clammy, cyanosed and perspiring profusely. Her pulse was feeble and thready; systolic blood pressure was 70 mm. of Hg., it was not possible to record the diastolic blood pressure. There was no bleeding per vaginum, the uterus was well relaxed and the foetal heart was good. The patient was given Inj. Coramine 2 ml. i.m. and Inj. Novalgin 2 ml. i.m. stat. A medical opinion was taken immediately. An urgent electrocardiogram revealed changes of acute an-

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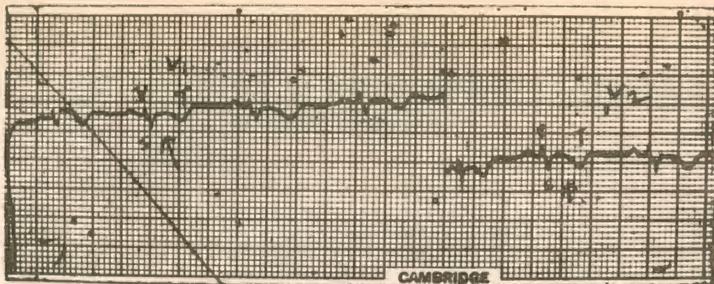

Fig. 1
Chest Leads V1, V2.

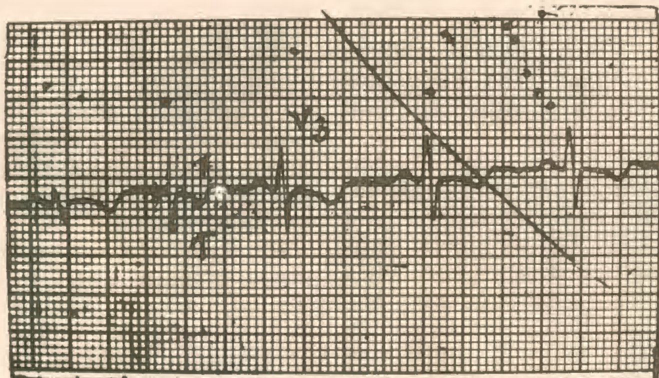

Fig. 2
Chest Lead V3.

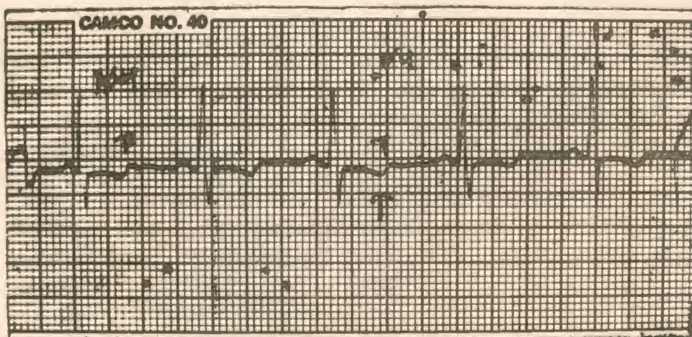

Fig. 3
Chest Lead V4.

tero-septal myocardial damage in chest leads V_1, V_2, V_3 and V_4 i.e. ST elevation and T wave inversion.

The patient was treated with complete bed rest, half hourly record of temperature, pulse, respiration and blood pressure. She was given Inj. Morphia 15 mg. intramuscularly.

The patient's condition improved gradually from this catastrophy, but on 5th

August 1970, i.e. the next morning at about 6 a.m. she had a painless bout of bleeding per vaginum. The bleeding became more at about 9 a.m. Her pulse was 110/min., blood pressure was 90/70 mm. of Hg., her extremities were cold and clammy. Abdominal findings were consistent with diagnosis of placenta praevia. Foetal heart rate was 144/min. In view of these findings it was decided to carry out a caesarean section before the patient's general condition deteriorated further.

In consultation with the honorary physician and the chief anaesthetist, it was decided to use local anaesthetic (1 per cent xylocaine) with full oxygenation to perform the operation. 5% dextrose drip was started slowly.

A lower segment caesarean section and sterilization by modified Pomeroy's method were performed using a Pfannenstiel incision. The honorary physician was present in the theatre throughout the operation. The placenta was of anterior incomplete central type. The whole procedure was completed within twenty-five minutes. The patient's condition remained satisfactory throughout the operation, the blood pressure was being maintained between 100 to 110 mm. of Hg. The blood loss during the operation was about eight to ten ounces. The patient was given an injection of Pitocin (5 units) intramuscularly after the baby was extracted. No blood transfusion was given. The patient was checked by the honorary physician before transfer to post-natal ward.

Post-operatively the patient's condition remained satisfactory. She was given Inj. Morphia 10 mg. intramuscularly six hourly, Inj. Novalgin 2 ml. (1 gm.) intramuscularly six hourly, Inj. Reverin 275 mg. intravenously twice a day and a total of 2 pints of 5% dextrose slowly intravenously. She was administered oxygen continuously on the first post-operative day.

Throughout the post-operative period, the patient was under careful observation by the honorary physician and the resident staff. She was given Tab. Equanil 400 mg. three times a day and Tab. Peritrate 15 mg. three times a day from the second post-operative day. An electrocardiogram taken on the third post-operative day showed improvement in the myocardial damage. Fig. 4) The post-operative period was uneventful.

The patient was advised longer hospital stay, but due to social reasons and subjective feeling of well being, she took her own discharge on 19th August 1970 i.e. on 15th post-operative day. The baby's condition was good on discharge. It was a female baby with birth weight of 2 kg. 500 gms.

The patient attended the post-natal clinic on 22nd September 1970, when her general condition was found to be good. She had no symptoms suggestive of cardiac insufficiency. An electrocardiogram, taken at that time showed further improvement in myocardial damage.

Discussion

In the above case, the events took place in such a way that one was between the devil and the deep sea. On one side there was a question of acute myocardial damage while on the other side there was a question of severe antepartum haemorrhage leading to maternal shock and foetal asphyxia. In this case timely intervention with quick and careful surgery saved both the lives. Prompt attendance, careful observation and advise as regards the medical treatment, given by the honorary physician went a long way to make this case successful.

Acute myocardial infarction is less common in females and rare during the child-bearing age. History of heavy smoking continued for many years may be an aetiological factor in this case.

Acknowledgement

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