

PROLAPSE OF THE PLACENTA

(Report of a case)

by

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Prolapse of the placenta refers to the condition in which the completely separated placenta presents before the foetus. In 1832, Osiander first defined this condition. In 1941, Kobak *et al*, described this condition as reversal of the second and third stages of labour. Simpson (1845) in his "memoir on the spontaneous expulsion and artificial extraction of the child in placental presentation," reviewed 141 cases and came to the following conclusions:

1. Complete separation of the placenta was not so rare an obstetric occurrence as accoucheurs appear generally to believe,
2. Majority of cases were associated with a low implanted placenta,
3. The haemorrhage ceased after complete separation of the placenta,
4. Prolapse of the placenta was not as dangerous as might be expected and
5. The maternal mortality in cases of complete separation with prolapse of the placenta was five times lesser than in placenta praevia with only partial separation.

CASE REPORT

Mrs. L. V., aged 33 years, para 8, gravida 9, was admitted in Tirunelveli Medical College Hospital, Tirunelveli, on 5-11-1971 at 4-10 p.m.,

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with history of labour pains since 12 noon. Her expected date of confinement was ~~26-11-1971~~. Her previous obstetric performance was normal. She had no history of vaginal bleeding at any time during this pregnancy.

On examination, her pulse was 108 per minute, and blood pressure 130/100 mm of Hg. There was slight pallor; no oedema. Her haemoglobin was 9.8 Gms. per cent. Systemic examination was normal.

Patient was having good uterine contractions. Uterus was transversely enlarged. The foetal head was felt on the right side. Foetal heart was not audible. On vaginal examination, the cervix was fully dilated. Placenta was completely separated and prolapsed into the vaginal canal, almost to the level of the introitus. The shoulder was presenting with prolapse of a hand into the vaginal canal along with a non-pulsatile loop of umbilical cord.

Management: Under general anaesthesia with ether drops, the placenta was first delivered. A dead premature male baby weighing 2 kgs. was then delivered by internal podalic version with breech extraction. The uterine cavity was explored and found to be intact. The cervix was visualised and found to be normal. A small vaginal laceration was sutured with chromic catgut.

Soon after extraction of the foetus, the uterus became flabby and the patient had profuse atonic postpartum haemorrhage. Oxytocics and replacement transfusion helped to restore the general condition of the patient. She was unwilling for puerperal sterilization and she went home on the fifth postpartum day.

Discussion

Prolapse of the placenta is a rare occurrence. According to Maxwell (1954), some of the cases are not recorded as prolapse of the placenta and he re-

commended that it be recorded when observed and that it be removed from the list of obstetric curiosities. In our hospital, there was only one case of prolapse of the placenta among 12,302 deliveries over a period of six and a half years from January 1968 to June 1974. During this period there were 300 cases of placenta praevia.

Several aetiological factors have been suggested. Osiander considered that placenta praevia was an antecedent to prolapse of the placenta. However this is not always the case. A few cases have been described in which the placenta was normally implanted. According to Kobak *et al*, detachment of the placenta is facilitated when the endometrial surface is diminished suddenly as with the rapid evacuation of fluid in hydramnios or after delivery of the first twin. External version may also result in detachment and prolapse of the placenta if the cord is very short. Simpson had earlier pointed out that a vast majority of cases were associated with low lying placentae. Maxwell described a case of placental prolapse in a multipara with a low lying placenta in premature labour and oblique lie. Similar features were present in our case.

The diagnosis of this condition rests upon finding a delivered placenta with the foetus in utero. (Maxwell, 1954). Symptoms of accidental haemorrhage are unusual. (Rucker 1929). Vaginal bleeding is generally not profuse. Lloyd (1947) described a case of spontaneous delivery of the placenta in front of the foetus without haemorrhage. In our case, there was no vaginal bleeding before delivery

although the placenta was completely separated and prolapsed into the vagina. Profuse atonic postpartum haemorrhage observed in our case could be explained by grandmultiparity, version and ether anaesthesia.

Kobak *et al* (1941) reported two extraordinary cases with delivery of live babies. In general, however, the foetal prognosis is grave because of the time lapse from complete separation of placenta to actual delivery of the baby. In Torpin's case (1945), the placenta was delivered 5 hours before the foetus.

Summary

A case of prolapse of the placenta has been presented. The etiology, clinical features, management, maternal prognosis and foetal outcome have been reviewed.

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