

## ABRUPTIO PLACENTAE AT 17TH WEEK OF PREGNANCY

by

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### Introduction

Baker *et al* (1963) described accidental haemorrhage before the 28th week of pregnancy in 8 cases of whom one had a fatal outcome. Clinical features of these cases were identical with those of accidental haemorrhage occurring after 28th week of pregnancy. We would like to report a further case of abruptio placentae at 17th week of gestation.

### CASE REPORT

A 20 year old primigravida was admitted at the 17th week of pregnancy with a history of lower abdominal pain for 2½ hours and blood stained vaginal discharge. She was distressed with pain and looked very pale. Her blood pressure was 90/60 mm. of Hg. and pulse 90 per minute. The uterus was hard and tender and was enlarged to the size of 24 week pregnancy. Fetal heart sound could not be heard with the Sonicaid. Cervix was long with os dilated to 1.0 cm. Blood stained liquor was draining. Urine showed presence of protein. Her haemoglobin was 10.4 gm. per cent and serum fibrinogen level was 100 mg. per 100 ml.

A diagnosis of abruptio placentae (concealed)

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was made. She had 100 mg. pethidine hydrochloride intramuscularly. An intravenous infusion of oxytocin was commenced at the rate of 4 mu/m. increased to 64 mu/ml. Three units of blood was transfused over a period of 5 hours. Seven hours later her blood pressure was 100/70 mm. of Hg. The uterus was still very tense and tender, cervical os remained only 1 cm. dilated. Blood stained liquor was draining.

In view of lack of progress, abdominal hysterotomy was performed. At laparotomy the uterus was opened through a longitudinal incision and the cavity was emptied of the fetus and placenta, most of which was already separated. A large retroplacental clot about a half litre in volume was removed. Uterus and abdomen were closed. Total blood loss was estimated to be 400 ml.

Immediately after operation her haemoglobin was 8.9 gm. per cent and serum fibrinogen 200 mg. per 100 ml. She had fourth unit of blood transfused. Urinary output was satisfactory and further postoperative recovery was uneventful.

### Discussion

This patient was admitted as a case of abortion. However, her shocked condition, tense, tender and large-for-date uterus, with absent fetal heart, hypofibrinogenaemia and separation of placenta, with large retroplacental clots, were characteristic features of abruptio, although occurring before the 28th week of pregnancy. Considering the dangers of abruptio placentae, specially when there was no sign of rapid spontaneous abor-

tion, termination of pregnancy by hysterotomy was undertaken.

We like to emphasize that abruptio placenta with all its complications and dangers before the 28th week of pregnancy is a real possibility and this needs

prompt and vigorous treatment, irrespective of duration of pregnancy.

References

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of 1961, the severe symptoms which are  
 noted.  
 The left foot was swollen to about 12 inches  
 and the abdominal wall of the abdomen was  
 swollen to about 12 inches.  
 It was found to be a case of abruptio  
 placenta and a hysterotomy was performed at the  
 time of delivery. The placenta was found to be  
 attached to the uterine wall and the fetus was  
 delivered dead. A hysterectomy was performed at  
 the same time. The patient died of a cerebral  
 embolus on the 17th day after delivery.  
 The above patient never recovered  
 from the cerebral embolus and died  
 on the 17th day after delivery.  
 There was no evidence of placental  
 infarction. However, there was  
 evidence of placental infarction.  
 The vaginal delivery was complicated  
 with the placenta. The placenta was  
 delivered at the time of delivery.  
 The patient died of a cerebral embolus  
 on the 17th day after delivery.  
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The onset of a placental abruption is a  
 characteristic of human pregnancy and  
 is a well-known feature of the  
 third trimester. The symptoms are  
 usually of the nature of a  
 sudden pain in the lower part of the  
 abdomen and a feeling of  
 fullness in the lower part of the  
 abdomen. The pain is usually  
 described as a tearing or  
 cramping pain. The pain is  
 usually accompanied by  
 vaginal bleeding. The  
 amount of bleeding varies  
 from a few drops to a  
 profuse flow. The  
 color of the blood is  
 usually dark red. The  
 blood is usually  
 clotted. The  
 amount of blood  
 lost is usually  
 from a few  
 ounces to a  
 quart or more.  
 The  
 patient  
 usually  
 becomes  
 restless  
 and  
 anxious.  
 The  
 pulse  
 is  
 usually  
 rapid  
 and  
 irregular.  
 The  
 blood  
 pressure  
 is  
 usually  
 high.  
 The  
 temperature  
 is  
 usually  
 normal.  
 The  
 patient  
 usually  
 dies  
 within  
 a  
 few  
 days  
 after  
 the  
 onset  
 of  
 the  
 symptoms.  
 The  
 cause  
 of  
 the  
 disease  
 is  
 usually  
 unknown.  
 It  
 is  
 usually  
 thought  
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