PROLAPSE OF THE PLACENTA

(A Case Report)

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Prolapse of the placenta or the delivery of placenta before delivery of foetus is a rare event. At the government Maternity Hospital, Pondicherry there was only one such case amongst 35,812 deliveries from January 1965 to April 1976.

CASE REPORT

Mrs. .R, aged 30 years, Para 4 + 0 Gravida 5, was admitted to this hospital on the 9th April 1976 at 2 p.m. She was referred from a Primary Health Centre about 40 miles away. She complained of amenorrhoea of 9 months' duration and bleeding per vaginam for 12 hours. She had 4 full term normal deliveries at home, the last child birth being 2 years ago.

On examination her general condition was poor, she was markedly pale. A pulse rate of 120/mt and blood pressure of 80/60 mmHg. were recorded. Cardiovascular and respiratory systems were normal. Obstetrical examination revealed the uterus to be 32 weeks size of pregnancy and tonically contracted. The foetal parts could be made out with difficulty, the foetal heart sounds absent. There was no tenderness. Fresh blood mixed with liquor was draining per vaginam and the placenta was seen lying at the introitus.

All laboratory investigations were within normal limits except for haemoglobin of 4 gms%.

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The patient was resuscitated and was taken to operation theatre. On examination the placenta was lying in the vagina with a small portion still attached to the lower segment of the uterus. The cervix was fully taken up and os was fully dilated. Membranes were absent. Foetus was presenting by shoulder at the pelvic brim. Placenta was separated after clamping and dividing the cord. The idea of performing an internal podalic version with breech extraction was given up as the uterus did not relax even under anaesthesia. Caesarean section with sterilisation was performed and 2 units of O Rh positive blood were transfused. Her postoperative period was uneventful and she was discharged from the hospital in good condition.

Discussion

Placental expulsion before the foetus with intrapartum haemorrhage is the rarest of all obstetrical emergencies. The incidence ranges from 1 in 7,000 to 1 in 45,999 deliveries (Kobak *et al*, 1941). Recently Palanichamy (1976) recorded only 1 case among 12,302 deliveries.

Of all the etiological factors suggested, placenta praevia appears to be the most important (Gun, 1964; Moir and Meyerscough, 1972; Roy, 1976 and Palanichamy, 1976) as also noted in our case. However, a few authors have recorded the association of prolapse of placenta and accidental haemorrhage (Moir and Meyerscough, 1972). As described by Maxwell (1954) our case was also associated with multi-

parity, low lying placenta, oblique lie and premature labour.

Maternal prognosis depends on the amount of haemorrhage and availability of blood transfusion, anaesthesia and facilities for surgery. In our case there was profuse haemorrhage contrary to the case reported by Palanichamy (1976).

The foetal prognosis is almost always grave because of placental separation. However, Kobak *et al* (1941) noted two extraordinary cases with delivery of live babies.

Summary

A case of prolapse of placenta has been presented. Important factors regarding etiology, management, and maternal and foetal prognosis have been discussed.

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