

PROLAPSE OF THE PLACENTA

(A Case Report)

by

SRIMANTA KUMAR PAL,* M.B.B.S., D.G.O., M.S. (Cal.)

Delivery of the placenta before the birth of the foetus is a rare condition. In the present communication a similar event in association with uterus bicornis unicollis is reported.

CASE REPORT

Mrs. B. S., 25 years, was admitted on 18-1-79 at 6-30 P.M. with history of antepartum haemorrhage for last 16 hours. She was third gravida carrying 32 weeks' pregnancy. The bleeding was moderate in amount and was associated with typical labour pains. She was first admitted in a nearby P.H.C. from where she was referred to our hospital.

Menstrual History: Menarche 13 years. Past cycles Regular. L.M.P. 16-6-78.

Obstetric History

She had 2 abortion both occurring at about 20 weeks gestation. On each occasion the foetus presented as breech. She had moderate amount of vaginal bleeding 4 days prior to the last abortion. Nevertheless, she aborted uneventfully at home. She had no antenatal check up in the current pregnancy.

Examination: She was moderately anaemic. Pulse rate was 110/minute and blood pressure recorded 100/70 mm. of Hg. There was no other abnormality. Abdominally, the uterus was 32 weeks' size with head at fundus. The lie was oblique. Painful uterine contractions were present with fair amount of relaxations in between. Foetal heart sounds were not audible. On vaginal examination, the entire placenta was seen lying outside vulva but it was still attached to uterus by membranes. Active bleeding was minimal at this stage.

*Gynaecologist, Basirhat Hospital, West Bengal.

Management

An intravenous drip was set up and patient was anaesthetized. Placenta and Cord were retracted laterally by the assistant and right hand was introduced inside the vagina. Cervix was fully dilated and the foetal leg could be felt at the upper part of vagina. On further exploration it was observed that baby was lying on the right side of uterus, whereas left half was empty. The premature baby was easily delivered by breech extraction. The membranes accompanied the birth of the baby. Inj. methergin was administered intravenously and uterus retracted well. Digital exploration at this stage confirmed the earlier diagnosis of uterus bicornis unicollis with characteristic sulcus in between the two bodies. The rough surface in the upper segment of left half indicated the site of placental attachment.

The fresh stillborn male baby weighed 1.8 kg. There was no external congenital deformity. The placenta weighed 400 Gm. and measured 18 Cm. in diameter. There were no depressed areas in placenta. The cord measured 25 cm. and had two umbilical arteries and one vein.

Milk secretion was suppressed by oral oestrogens. Broad spectrum antibiotic was administered. She was discharged in good condition on fifth postpartum day.

Discussion

The incidence of prolapse of the placenta is stated to be 1:7,000 to 1:45,999 deliveries (Kobak *et al*, 1941). Panigrahi *et al* (1978) have also stated that it is the rarest of all obstetric emergencies. Maxwell (1954), however, denied this and maintained that it is not so uncommon. He insisted that all such cases should be

reported in the literature so that we become familiar with this type of abnormality. Palanichamy (1976) also endorsed a similar view.

Of all the etiological factors suggested, placenta praevia is the most common. In the present case, however, the placenta was normally situated in upper segment of left side and cause of premature separation was possibly congenitally malformed uterus.

Summary

A case of prolapse of the placenta in association with uterus bicornis unicollis is described. The patient was 32 weeks' pregnant with past history of abortion twice.

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