

BLOOD STAINED MAMMARY SECRETION IN PREGNANCY AND PUERPERIUM

(A Report of 2 Cases)

by

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and

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Introduction

Blood stained milk or blood stained discharge from the breast during pregnancy or after delivery is very rare. Following is the report of 2 cases.

CASE REPORTS

Case 1

A 28 year old primigravida was admitted on 23-5-78 with 9 months amenorrhoea and labour pains. She was attending antenatal out patients department. She had conceived after sterility of 10 years. Her past menstrual history was normal and last menstrual period was 9 months back.

On examination patient was well built, well nourished, her pulse was 80 per minute, temperature was normal, blood pressure was 110/70 mm of Hg, No oedema over feet. The uterus was full term in size, foetal heart sounds were regular. On vaginal examination cervix was 2 cm dilated, membranes were present and presenting part was just above the ischial spines.

She delivered vaginally a male child of 3.3 kg on 2-6-78. Next day she complained of blood stained discharge from both the breasts. She had similar type of discharge during second trimester. Breasts were examined by a general surgeon and no abnormality was detected. On clinical examination after 6 days blood stained discharge disappeared spontaneously. On 8th day she was discharged with no complaints.

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Case-2

(Mrs.) R.U. aged 24 years, primigravida, was admitted on 25th May 78 was history of 9 months amenorrhoea and labour pains. Her past menstrual history was normal and last menstrual period was 9 months back.

On examination she was a well built, well nourished woman. Her pulse was 84/per minute, blood pressure was 130/70 mm Hg. Oedema of feet was ++. Respiratory and cardiovascular systems were normal. Uterus was full term. Foetal heart sounds were regular. Mild uterine contractions were present. On vaginal examination cervix was 1.5 cm dilated almost effaced, membranes present, head was high, clinically pelvis was adequate.

She delivered normally a female child of 2.4 kg. on 27-5-78. On third day of delivery she complained of blood stained discharge from both the breasts. On fifth day blood stained discharge spontaneously disappeared. She was discharged on 7th day with no complaints. She came for follow up in postpartum clinic after one month. She had no complaint and lactation was normal.

Discussion

Blood stained milk or blood stained discharge from breasts after the delivery or during pregnancy is very rare. It may come from only one lobe or from the whole breast and can be bilateral. It may be the papillary proliferation accompanying duct dilatation resulting from abnormal or excessive stimulation by hormones. But it is usually due to intraductal

papilloma. In rare instances there is slight blood discharge from the markedly engorged breasts of woman in the last month of pregnancy and soon after delivery. The explanation of this is presumably capillary leakage associated with early engorgement. It usually clears in few days after delivery but if it persists, lactation has to be discontinued.

In both the cases, there was blood stained discharge on second or third day after delivery and in both the cases it disappeared spontaneously. In one case there was blood stained discharge during the antenatal period in second trimester.

We thank Superintendent, Irvin Group of Hospitals, Jamnagar for permission to report these cases.

J. A. M. ...

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A 28-year-old woman, G2P1, was admitted to the hospital on 15.12.55 with a complaint of blood stained discharge from the vagina since 10.12.55. She had a normal pregnancy and delivery on 12.12.55. The discharge was scanty and intermittent. It was dark red in color and was associated with a slight pain in the lower abdomen. The patient was treated with antibiotics and the discharge stopped in 3 days.

Case 2

A 32-year-old woman, G3P2, was admitted to the hospital on 18.12.55 with a complaint of blood stained discharge from the vagina since 15.12.55. She had a normal pregnancy and delivery on 15.12.55. The discharge was scanty and intermittent. It was dark red in color and was associated with a slight pain in the lower abdomen. The patient was treated with antibiotics and the discharge stopped in 3 days.

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Case 2

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