

CONCEALED ACCIDENTAL HAEMORRHAGE FOLLOWING EXTERNAL CEPHALIC VERSION

by

V. PADUBIDRI,* M.D., M.R.C.O.G.

External cephalic version is a known cause of accidental haemorrhage, especially in a woman with high blood pressure and pre-eclamptic toxæmia. The concealed haemorrhage in a normal pregnant woman following version is not reported.

CASE REPORT

This young woman aged 25, was admitted to the hospital at 34 weeks of gestation with breech presentation. The foetal heart sounds were present. Her blood pressure was 120/70 mm Hg. and the systemic examination was normal. She was para 2-0 and her last delivery at home was complicated by breech delivery which resulted in a fresh stillbirth.

As her pelvis was adequate it was decided that external version should be attempted, which was carried out in the ward with great ease and without any pain. The foetal heart sounds were regular after the version.

Three hours after the cephalic version, the patient complained of severe, abdominal pain. She had no vaginal bleeding. Her pulse was 120/minute, and BP 90/50 mm Hg. She looked very pale. Per abdomen—The uterine size corresponded to 36 weeks pregnancy. There was marked tenderness over the uterus, and the foetal hearts could not be heard. Concealed accidental haemorrhage was diagnosed and the patient immediately shifted to the operation theatre.

Examination under general anaesthesia revealed cervix partially effaced and one finger dilated. Artificial rupture of membrane brought

out 20 cc of clear liquor. The foetal head was presenting at the brim. Lower segment caesarean section was carried out.

At laparotomy, the uterus appeared bruised and Couvelaire type at the fundus and the posterior uterine wall. The anterior uterine wall appeared normal. The dead female foetus weighing 1.6 kg was delivered. The posterior placenta bulged at the wound and was removed. This was immediately followed by a huge retro-placental clot which weighed $\frac{1}{2}$ kg. The placenta was found completely separated from its uterine attachment, but firmly attached by its membranes to the uterine wall. The rest of the operation was performed with ease. The uterus retracted well at the end of the operation and the patient had no postpartum haemorrhage. She received four units of blood. Her postoperative period was uneventful.

The placenta weighed 800 gm was very thin and grossly infarcted.

Discussion

The past obstetric history of intra-partum death of the foetus resulting from breech delivery prompted the author to carry out external cephalic version at 34 weeks gestation.

The version was easy and was done without anaesthesia and analgesia.

The traumatic separation of anterior placenta during version is understandable if some force is used, but the trauma to the placenta situated on the posterior uterine wall is not conceivable. The concealed accidental haemorrhage and a Con-

*Asstt. Prof. of Obstetrics and Gynaecology, Maulana Azad Medical College, New Delhi.

Accepted for publication on 5-1-79.

velaire uterus following external version with placenta attached to the posterior uterine wall is not known.

The only plausible explanation of haemorrhage in this particular case lies in the infarcted and thinned out placenta, but the cause of infarct could not be detected by the usual investigations. The

investigations for Syphilis and diabetes proved negative.

Acknowledgement

I wish to thank Dr. Vohra, Medical Supdt. and Dr. S. K. Lal, Dean, Maulana Azad Medical College, for their kind permission to publish this case.