FOETUS PAPYRACEUS

(A Case Report)

by

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Foetus papyraceus is an uncommon condition where the affected foetus is converted into an 'amorphous mass'. It is of great importance to the embryologists because its etiology is still debatable (Ghosh *et al*, 1972; Murty and Quadros, 1978).

In the present communication, however, this posed a clinical problem by virtue of its anatomic location. The 'amorphous mass' was wrongly diagnosed as placental tissue in a case with antepartum haemorrhage.

CASE REPORT

Mrs. B. N., 32 years, primigravida, carrying term pregnancy was admitted on 3-9-78 for painless vaginal bleeding for last 3 hours. Bleeding was fresh and it was moderate in amount. She was a booked case and had no clinical evidence of toxaemia. Routine laboratory tests carried out at antenatal O.P.D. were normal.

General Examination

Nothing abnormal.

Abdominal Examination

Height of fundus was that of 40 weeks' gestation. Uterus was well relaxed and there were no labour pains. The head was 'fixed' and was not ballotable as is common in major degrees of placenta praevia. Foetal heart sounds were normal.

Internal Examination

Speculum examination revealed nothing abnormal in cervix. Cervix was ripe. Gentle digital palpation through fornices disclosed presence of an ill defined soft tissue mass between the upper part of posterior cervical wall and the presenting part. This was suspected to be placental tissue. Fresh bleeding was still present.

Diagnosis of posterior placenta praevia was made. As patient was elderly and was at term an immediate L.S.C.S. was performed. A healthy male baby weighing 3 Kg. was extracted. Contrary to the expectation placenta was normally situated in the posterior wall of upper segment. There were no retroplacental clots or depressed areas in placenta. As the placenta was delivered, alongwith it a mummified foetus came out from lower segment (Fig. 1). Uterus and abdomen were closed in layers. Patient was discharged in good condition on 9th post-operative day.

Examination of Placenta, Cord and membranes

There was a single large placenta weighing 600 Gm. Diameter and thickness of placenta were 19 cm. and 3 cm. respectively. The gestation sac was monoamniotic and monochrionic.

Both the umbilical cords had velamentous insertions (Fig. 1). The cord of healthy baby measured 38 cm. and had 2 arteries and 1 vein. On the contrary the umbilical cord of the affected foetus had 1 artery and 1 vein. It measured 32 cm. and there was no knots or tortuosity. On the placental side it was seen to communicate with one of the main branches of healthy cord (Fig. 2). On the foetal end it could be traced upto apex of bladder (Fig. 3).

Description of the Compressed Foetus

The mummified foetus appeared as an amorphous mass covered by fibrinous substance. It weighed 200 gm. and its sex was undetermined. In contrast to acardiac monster,

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its upper and lower extrenities were proportionately developed. The crown rump, crown heel and circumference of chest were 12 cms., 20 cms. and 11 cms. respectively. Postmortem examination revealed presence of small heart (Fig. 3). Histopathological examination of placenta, heart, lungs, liver, kidneys and other organs did not reveal any abnormality.

Discussion

In cases of multiple pregnancy when one foetus dies after reaching considerable size, the placental circulation ceases automatically. The amniotic fluid is absorbed and foetus becomes dessicated (Abraham, 1975). It becomes compresed between the uterin wall and the membranes of the living child. Though in some cases it may be expelled, more frequently the dead foetus is retained alongwith the living one till the end of pregnancy. In the present case the compressed foetus was in lower segment and say to say on the verge of expulsion.

The bleeding (antepartum haemorrhage) with which the case presented is possibly due to 'taking up' of cervix which resulted in separation of compressed foetus from the lower segment. The author was deceived by the mass felt through posterior cervical wall which was thought to be placental tissue. However, the dead foetal mass usually feels harder than the placental tissue. Presence of blood clots can also give rise to similar impression. But placental tissue has the feel of soft fleshy mass which is firmer than blood clots. As the patient was bleeding fingers were not introduced through the os. If this had been done an exact preoperative diagnosis might have been possible.

Summary

An elderly primigravida carrying term pregnancy was admitted with antepartum haemorrhage. Clinically she was labelled as a case of placenta praevia. At operation no placental tissue was seen in lower segment.

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See Figs. on Art Paper XIV