

DELIVERY THROUGH CENTRAL PERINEAL RENT

(A Case Report)

by

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Introduction

In this method of delivery usually the rent appears in the centre of the perineum. But Josephine Barnes (1944) had reported a case where the rent appeared in the lateral part of the perineum. Bell (1951) had described protrusion of one leg through anus in a case of breech delivery. Moir (1956) had also described a similar case.

CASE REPORT

Smt. B.K., aged 20 years, was admitted in women's Hospital of Patna Medical College Hospital on 8-10-79 with the complaint of perineal tear sustained a day before admission.

Past history

She was a primipara. She had no antenatal care. She had delivered fresh stillbirth male child at home, conducted by an untrained person on 7th October, 1979. She had started her labour pain early in the morning of 7th October and delivered by 12 Noon of the same day. The baby was healthy as stated by the attendants. The attendants noticed the perineal injury immediately after delivery and brought her to the hospital on the next day. On examination she was found pale, pulse rate was 90/mt., regular, B.P. 110/70 mm. Hg. Her

chest and cardiovascular systems were normal. Her uterus was about 20 weeks size. Lochia was normal. Vaginal wall as well as anal sphincter were intact. There was a rent in the centre of the perineum of about 3" diameter; it was covered with slough. Investigations were done. Her Hb.% was 66% and urine analysis revealed nothing abnormal.

She was given systemic antibiotic (Ampicillin), vitamin B complex, Vitamin C and iron. Her wound was dressed with spirit mercurochrome and soframycin ointment daily. It took three weeks for infection to subside. After that repair of the perineal rent was done in usual way. On the 10th post-operative day her stiches were removed and she was discharged with a healthy perineum. After one month she came for check-up and she was perfectly alright.

Summary

It seems that such types of event used to occur during past years when obstetric practice was not so much developed and was not available to each and every expectant mother. In our country we find such cases even now a days because here obstetric care is not available to all expectant mothers. As we see in our case that the patient came from a village and she had no antenatal care, her delivery was conducted by an untrained person. So such cases occurs due to inadequate maternity care and such disaster can be

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prevented by use of liberal episiotomy at proper time.

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See Fig. on Art Paper VI