DYSTOCIA DUE TO CYSTIC HYGROMA

(A Case Report)

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Cystic hygroma is usually situated in front or on the nape of the neck. This tumour is rarely of a size to cause obstruction in labour, but when it is huge it will definately cause dystocia. The following case report is an example of cystic hygroma causing obstructed labour in multipara.

CASE REPORT

A 24 years old woman 4th gravida was admitted as an emergency case on 28-4-1981 at 10 a.m. She had amenorrhoea of 9 months and was having labour pains and leaking, 16 hours prior to the admission. She had previous 3 normal deliveries at hospital. Last child birth was 2 years back. She was not sure about her last menstrual period.

On admission her B.P. and pulse was within normal limits. Other vital parameters were also within normal limits. Abdominal examination revealed that uterus was full term. Foetus was presenting with vertex and in L.O.A. position. Both the poles were palpable per abdomen and uterine contractions were present lasting for 20-25 seconds. There was slight colonic distension. On vaginal examination cervix was 75% effaced, 8 cms dilated, anterior lip of the cervix was odematous. Head at -1 station. Membranes were absent. Sutures were in L.O.A. position no capute or moulding was present. Pelvis was adequate. After 2 hours bladder was distended, Colonic distension was more. After catheterization per vaginal examination was repeated which revealed that cervix was fully effaced, fully dilated, sagital suture was in L.O.A. position. Caput of 2" x 2" was present. Head was at 0 station. Patient was prepared for caeserian section. A full term male child delivered by vertex. Baby had cystic hygroma on anterior aspect of neck about 4" x 8" in size. The weight of the foetus was 3 kg 250 garms. Cystic hydroma was aspirated immediately and later on baby was subjected to surgery. Patient had uneventful post operative period.

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See Fig. on Art Paper I