

REFRACTORY POST PARTUM HAEMORRHAGE IN ACUTE VIRAL HEPATITIS TREATED WITH 15 (S) 15 METHYL PROSTAGLANDIN F₂ ALPHA

by

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In 1977, Corsen and Bolognese (1977) described the use of intramuscular 15 (S) 15 methyl PGF₂ alpha in restoring adequate muscle tone and control of haemorrhage due to post partum uterine atony unresponsive to intravenous oxytocin, intravenous ergometrine, uterine massage and intramyometrial GPF₂ alpha. The following case of acute viral hepatitis which was successfully treated for post partum haemorrhage with intramuscular 15 (S) 15 methyl PGF₂ alpha (Prostin 15 M) seems worthy of record.

Case Report

A 25 years old primigravida developed hepatitis in 8th month of pregnancy. There was history of hepatitis in the neighbourhood. She was brought to the hospital on 5th May, 1981. Preliminary investigations demonstrated Hb-11 gm%, normal total and differential counts, serum bilirubin of 12.9 mgm%, SGOT-215 IU, SGPT-825 IU, alkaline phosphatase 14 K A-units. She was given the usual treatment for viral hepatitis including Vitamin K. On 15th May, she had spontaneous premature labour with impending hepatic failure. She delivered a live male fetus

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weighing 1.4 kg (maturity approximately 32 weeks) with no obvious congenital malformation. She had severe post partum haemorrhage due to uterine atony and developed hypovolemic shock. Uterine atony and bleeding was unresponsive to massage, intravenous pitocin and methyl ergonovine (4 amp of 0.2 mg). Blood loss was estimated at 1.2 litre which continued. Prostin 15 M (250 ugm) was then administered intramuscularly and within 5 minutes a sustained tatanic uterine contraction was observed with cessation of blood loss. Blood pressure improved. Investigations done at this time showed low Prothrombin index (40%). Bleeding, clotting time and clot retraction time was normal. Serum bilirubin was 14.5 mgm%, SGOT-85 I.U., SGPT-900 IU, a alkaline phosphatase-22 K.A.U. Total proteins of 5.6 g/dL with reversal of albumin/globulin ratio. Baby died on 17th May due to prematurity and jaundice. Patient made satisfactory clinical recovery and was discharged on 2nd June, 81. Her biochemical profile at that time showed serum bilirubin of 5 mgm%, SGPT-37 I.U. alkaline phosphatase-11 K.A.U. Total proteins-6.2 g/litre with normal A/G ratio.

Comments

The case presented here clearly illustrates the successful use of intramuscular prostin 15 M in the control of life threatening post partum haemorrhage in a case of acute viral hepatitis. In author's opinion use of prostin 15 M may be life saving when other oxytocics have failed. It is also evident from the satisfactory

clinical progress observed in this patient, that prostin 15 M in dosage given in this case is safe and does not further deteriorate the clinical condition in fulminant viral hepatitis.

Prostin 15 M controls post partum haemorrhage by causing a rapid and sustained uterine contraction. Csapo (1972) has established *in vitro* and *vivo* experiment in the rabbit uterus that post partum uterus requires 1000 fold less

effective drug concentration of PGF_2 alpha to produce maximum response as compared to pregnant uterus. Moreover post partum uterus binds PGF_2 alpha more strongly.

References

1. Corson, S. L. and Bolognese, R. J.: Am. J. Obstet. Gynec. 129: 918, 1977.
2. Csapo, A. I. and Csepli, J.: Prostaglandins. 1: 3, 235, 1972.