

POLYHYDRAMNIOS

(A Case Report)

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A few cases of acute hydramnios have been reported in literature. Macafee (1950) has reported only 2 cases in 12,021 deliveries, while Queenanzohn and Gadew (1970) diagnosed only 6 patients out of 86,301 deliveries over a period of 20 years, as having acute hydramnios. The condition is so infrequent and associated with maternal and fetal complications, that needs to be reported.

CASE REPORT

A Hindu female patient of 30, para 3 and gravida 3 admitted on 7 January '82 with amenorrhoea of 24 weeks and marked distension of abdomen for 15 days with abdominal discomfort and backache. There was no history of hyperemesis gravidarum, diabetes or previous twin deliveries. Her menstrual cycles were regular but she was not knowing the exact date of LMP.

Patient was anaemic Hb. 8.6 gm. Systemic examination did not reveal any positive findings.

On abdominal examination, the fundal height was upto the xiphisternum, abdomen was tense, no fetal parts could be palpated. Fetal heart

sounds were not heard. Fluid thrill positive. Abdominal girth was 38".

Per vaginum, the os was closed and fetal parts could not be made out. Flat plate abdomen, A.P. view two fetal skeletons were seen. A diagnosis of polyhydramnios was made.

Patient started complaining of abdominal discomfort and pain in lower portion of chest. Amniocentesis was done on 14 January '82 and 1500 ml of clear liquor was aspirated. The same evening patient ruptured membranes spontaneously with the escape of large amount of liquor, which could not be measured, followed immediately by the delivery of first female still-born fetus weighing 800 gm. She delivered second stillborn fetus after 25 minutes with breech presentation, weighing 700 gm. The sex could not be detected as it was badly macerated. Various congenital anomalies such as absence of right upper arm and left lower limb (Phocomelia) and anencephaly were seen. Placenta and membranes expelled out completely. The placenta was binovular with central attachment of cord weighing 300 gm and 250 gm each. There was bleeding even after starting I.V. drip with 10 units syntocinon in 500 ml of 5% glucose. Atonic bleeding continued, so bimanual massage of the uterus carried out and bleeding was checked.

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