

Case Report on Mrs. [Name]...
The patient was brought as an obstetric emergency case at 3 P.M. on 11-1-17. She was para 5. The previous seven deliveries were uneventful at home. The last was a still birth (broad ligament torsion, long hours before delivery). She came with vomiting of placenta and continuous vaginal bleeding after delivery.

The patient at admission was in a shocked condition.

On pelvic examination, cervix was almost closed. The patient was resuscitated. She was taken to the operation theatre and manual ex-

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Accepted for publication on 11-7-17

posed of placenta was tried under general anaesthesia. Placenta was found to be adherent to the uterine muscle segment. Efforts of change between placenta and decidua could not be made.

Maternal hypotension was done with hypotensive fluid and blood transfusion. Post-operative period was uneventful.

On opening the uterus it was observed that there was no piece of placenta detached. The placenta was burrowing through the muscle wall as shown in (Fig. 1).

Histopathological Examination

The specimen showed muscle fibres in bundles intermingling with other in different direction. At places in between the muscle fibres placental parts were also seen. This confirmed the diagnosis of placenta in situ.

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