

FETAL BORBORYGMI AS A SIGN OF FETAL DISTRESS

(A Case Report)

by

SHASHANK V. PARULEKAR

SHASHANK H. SHAH

and

N. M. NERURKAR

Introduction

Fetal asphyxia causes increased peristalsis and passage of meconium into amniotic fluid. However, there are no reports of recording fetal peristaltic sounds in the world literature. A case of massive fetal peristalsis due to fetal distress is reported.

Case Report

Mrs. N.R., a 23 years old 4th gravida third para with 9 months' amenorrhoea presented on 25th June 1985 with leaking for 4 hours. She had 2 full term vaginal deliveries 9 and 3 years ago.

On examination her vital parameters were within normal limits and all systems were normal. The uterus was full term. The fetus was in left occipito-transverse position with the head

3/5 palpable per abdomen. The fetal heart sounds were 142/min, and regular. The cervix was 3 cm loose but minimally effaced. The liquor was clear.

An oxytocin infusion was started at a rate of 0.5 mU per minute and was increased at a rate of 0.5 mU per minute every 15 minutes. It was observed that massive peristaltic sounds were heard at the position of the anterior shoulder of the fetus masking fetal heart sounds, when the uterus was contracting at a rate of 2/10 minutes, each contraction lasting for 40 seconds. Further observation showed that maternal abdomen did not have such peristaltic sounds and the patient did not have any bowel disturbances. Subsequently the fetal heart rate dropped to 110/minute in between contractions. The oxytocin infusion was discontinued and an emergency caesarean section was performed. A female child weighing 2800 g and with 1 and 5 minute Apgar scores of 8 and 9 respectively was delivered. The liquor had freshly passed meconium in it. The newborn did not have any diarrhoea or any other bowel disturbances subsequently, though it had massive peristaltic sounds after delivery for some time. The mother had an uneventful recovery.

From: Department of Obstetrics & Gynaecology, Rajawadi Municipal Hospital and T.N. Medical College, Ghatkopar, Bombay-400 077.

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