

LIFTED—THE IRON CURTAIN

By

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SUMMARY

One hundred and eighteen cases of first trimester bleeding were subjected to ultrasonography (USG). Clinical diagnosis was confirmed by USG in 32 cases of the 69 referred as threatened abortion. In all 5 cases referred as incomplete abortion a curettage was avoided by USG diagnosis as they turned out cases of either complete abortion or threatened abortion. Vesicular mole was confirmed in only 3 cases referred as suspected vesicular mole, of which only 2 were confirmed on histopathological examination. Of the 26 cases referred as missed abortion, only 8 ultimately required curettage, subsequent to USG. Thus in 17 cases a curettage was avoided. USG confirmed the ectopic pregnancy in 4 out of 10 cases.

Introduction

Till the advent of ultrasonography, there existed between the doctor and the first trimester pregnancy, an iron curtain which defied direct or indirect visualisation of early pregnancy. The safety of ultrasonography permits its use in early pregnancy and for differentiating the possible causes of first trimester bleeding. Ultrasound is useful in the first trimester of pregnancy for diagnosis of pregnancy, single or multiple; detection of foetal life, prediction of gestational age, follow up of pregnancy growth, diagnosis of abnormal pregnancy, diagnosis of associated pathology and diagnosis of first trimester bleeding.

Material and Methods

A study was carried out at the Topiwala Medical College and Nair Charit-

able Hospital to assess the value of ultrasonography as a diagnostic tool in the differential diagnosis of first trimester bleeding. Only 118 cases of the total number of cases of first trimester bleeding attending the institute were subjected to ultrasonography. Of these 47 cases were directly referred from the out patient department. The remaining 71 cases were all indoor admissions. An attempt to maintain follow up records of all the cases subjected to USG was made. However, 21 cases were lost to follow up and hence the USG diagnosis could not be confirmed in them.

The cases of first trimester bleeding were referred for various clinical diagnosis, the distribution being as follows: threatened abortion (69), incomplete abortion (5), vesicular mole (8), missed abortion (26) and ectopic pregnancy (10). Each of these groups is analysed in the following discussion.

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Accepted for publication on 21-5-86.*

*Discussion**A. Cases Referred as Threatened Abortion*

The USG diagnosis of these 69 cases was threatened abortion 32, missed abortion 4, incomplete abortion 5, vesicular mole 13, empty uterus 8, bulky uterus 6 and ovarian cyst 1.

Of these 69 cases, 11 were lost to follow up.

Among the 32 cases ultrasonographically diagnosed as threatened abortion, 3 were shown to have a low lying placenta; placental tissue was demonstrated all around the sac in 1 case. The outcome of pregnancy in these 3 cases was as follows: 2 cases continued to term and had full term normal deliveries not associated with antepartum haemorrhage, and 1 patient aborted spontaneously. The case shown to have placental tissue all around aborted spontaneously.

Of the 32 cases 5 were lost to follow up. Outcome of pregnancy in the remaining cases was full term normal deliveries 15, complete abortion 11, missed abortion nil, and IUFD in 1 case.

Of the 13 cases of threatened abortion diagnosed as vesicular mole on USG, on curettage revealed a molar pregnancy in all 13 cases. All these cases underwent suction evacuation only after urine HCG assays confirmed the diagnosis.

The cases diagnosed by USG as missed abortion, incomplete abortion or bulky uterus were all subjected to curettage.

The one case diagnosed as ovarian cyst on ultrasound was confirmed by laparoscopy.

B. Cases Referred as Vesicular Mole

Eight cases were referred with a clinical diagnosis of vesicular mole. How-

ever, the ultrasonographic features of vesicular mole could be demonstrated in only 3 cases. Four cases showed features of normal pregnancy and a bulky uterus without any gestational sac was seen in 1 case.

Among the 3 cases showing evidence of vesicular mole on USG, only 2 turned out to be true vesicular moles on gross and histopathological examination. The third case was an interesting one which turned out to be an endodermal sinus tumour,

C. Cases Referred as Missed Abortion

Twenty-six cases were referred with a clinical diagnosis of missed abortion. USG revealed missed abortion in only 3 cases. In the remaining cases USG revealed evidence of incomplete abortion in 1, missed abortion in 3, threatened abortion in 11, empty uterus in 6, bulky uterus in 2 and vesicular mole in 3 cases.

Of the 26 cases referred with a clinical diagnosis of missed abortion, 11 were lost to follow up. The 3 cases diagnosed as missed abortion, 1 diagnosed as incomplete abortion and 1 case showing a bulky uterus were subjected to a dilatation and curettage. Histopathological examination confirmed the diagnosis in the former 2 groups, whereas in the last case endometrium in proliferative phase was demonstrated. All 3 cases diagnosed as vesicular mole were confirmed on histopathology.

Of the 11 cases diagnosed as threatened abortion, 4 were lost to follow up, 1 culminated in a missed abortion, 1 in an intrauterine foetal death, 2 in complete abortion and 3 in full term normal deliveries. It is not surprising that all 6 cases diagnosed as having an empty uterus were lost to follow up.

D. Cases Referred as Ectopic Pregnancy

Ten cases were referred with a clinical diagnosis of ectopic pregnancy. Of these, 4 were confirmed as ectopic pregnancy on ultrasound and at laparotomy. In 2 cases no pregnancy either normal or ectopic was visualised. In 2 cases, a diagnosis of bilateral tubo-ovarian masses was made which responded to conservative therapy. In 1 case, a normal pregnancy was visualised, but this case was lost to follow up.

Conclusion

From this study it can be concluded that USG is most useful in differentiating the causes of first trimester bleeding. This examination is most useful in vesicular mole especially when the uterus corresponds to the period of ammenorrhoea. These cases would otherwise

have unnecessarily been treated as threatened abortion over a prolonged period increasing the maternal morbidity, hospitalisation and expenses. USG is also useful in vesicular mole to confirm complete evacuation of the mole and follow up regression of theca lutein cysts.

In adnexal masses or suspected ectopic pregnancy, USG is very useful but cannot replace laparoscopy completely.

USG examination showing an empty uterus avoids a curettage in cases of suspected incomplete abortion etc.

Acknowledgement

We thank the Dean Dr. B. R. Kalke and the Head of the Department of Obstetrics and Gynaecology for permitting us the use of hospital data. We are also grateful to the Ultrasonography department for their valuable contribution.