

A REVIEW OF SECONDARY PPH IN EDEN HOSPITAL - A TEN YEAR STUDY

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SUMMARY

This paper presents a critical review of 62 cases of secondary PPH in Eden Hospital. This study underscores the importance of remnant placental bits as a cause of secondary PPH. 61% of patients had the onset of bleeding 1 to 7 days after delivery. Treatment was by dual approach-both conservative and surgical procedures were employed. though the incidence of Secondary PPH has dininished, yet it warrants sufficient significance still today.

INTRODUCTION

Severe bleeding from or into the genital tract occuring 24 hours after the end of the third stage of labour till the completion of puerperium is defined as secondary or delayed post partum haemorrhage.

This paper presents a critical analysis of 62 such cases.

MATERIALS AND METHODS

During the last 10 years (from 7.11..77 to 14.10.87), 609 cases of PPH were treated in

Eden Hospital. Out of these 609 cases, 96 had secondary PPH and amongst these 96 cases, authors studied 24 cases presently and 38 cases retrospectively. In 34 cases, the records were found to be incomplete and were eliminated from this study. All of the 62 cases considered in this study had complete records including histological findings.

RESULTS

The incidence of secondary PPH was 0.63% in this series. As 25 out of 62 cases were referred from outside, the true hospital incidence was lower. Incidence of secondary PPH amongst all PPH was only 16%.

RESULTS

TABLE I
DISTRIBUTION OF AGE, PARITY AND PLACE OF DELIVERY

	Age in years			parity				place of Delivery		
	<20 yrs	20-29 yrs	>30 yrs	p1	p2	p3-5	p5	Eden	other	Home
Number	8	40	14	8	33	20	1	37	17	8
Percentage	13	64.5	22.3	13	53.2	32.2	1.6	59.6	27.4	13

The first table shows that 64.5% of all secondary PPH occurred amongst patients in the age group 20-29 years, where as only a 13% incidence was found in patients below 20 years. The distribution of cases were analysed in relation to parity. It is seen that 85.4% of the cases belonged to para 2 to 5. This table also shows that nearly 60% of the cases have had their delivery in Eden Hospital and on scrutiny, it was found that 24 cases were delivered by nursing staff and six either by RHM or HS. Seven had LSCS and the rest had normal vaginal delivery. Of the 37 cases who were confined at Eden Hospital, 12 had secondary PPH during their stay in hospital and 25 needed re-admission.

Table II shows that in 67% of cases, bleeding occurred within 7 days after delivery. It has been observed that longer the interval between delivery and the onset of PPH, lesser were the chances of haemorrhage.

From table III, it is seen that in nearly 60-70% cases, placental tissues were left behind. In this series, it had been observed that patients with retained placental bits may bleed from 24 hours after delivery till 22 days. It has been observed from Table IV, that more severe the bleeding, more were the chances of presence of retained placental tissue.

TABLE II
ONSET OF BLEEDING IN RELATION TO DURATION AFTER DELIVERY

Day	1-7	8-14	15-21	22
Number (n = 62)	38	14	7	3

TABLE III
ONSET OF SECONDARY PPH AND PRESENCE OF PLACENTAL TISSUE

Day	Placental tissue	No placental tissue
1-7	23 (60%)	15 (40%)
8-14	9 (63%)	5 (37%)
15-21	5 (71%)	2 (19%)
22	2 (60%)	1 (40%)

TABLE IV
SEVERITY OF PPH AND CLINICALLY DETECTED PLACENTAL TISSUE

Degree	Placental tissue	No placental tissue
Slight (n=21)	10 (47%)	11 (53%)
Moderate (n=22)	13 (59%)	9 (41%)
Heavy (n=19)	16 (84.2%)	3 (15.8%)

TABLE V
TYPE OF DELIVERY AND P. P. H.

Normal Delivery	Caesarean Section	Forceps	Others
36	13	6	7

TABLE VI
MANAGEMENT PROTOCOL FOLLOWED

Conservative management including antibiotics	- 62 cases
Examination under anaesthesia & exploration of the uterine cavity	- 41 cases
E. U. A. and D. C.	- 10 cases
Local repair of perineal, cervical or para-urethral tear	- 9 cases

Table V shows 79% of patients had vaginal delivery and 21% had abdominal section. Incidence of secondary PPH after caesarean section in this series was about 20%, but none needed hysterectomy.

DISCUSSION WITH REVIEW OF LITERATURE

Secondary PPH usually results from unexplained atony or retained fragments of placenta, but may also arise from almost any cause of PPH (local or systemic) such as lacerations or coagulation disorders.

Subinvolution of the placental site has been traditionally blamed as a common cause

of delayed PPH. This cause is ascribed to the etiology of PPH where other specific causes such as placental fragments have not been found on curettage. Recovered curettage material often shows hyaline vasculature and persistence of decidual transformation without placental tissue (Quilligan, Zuspan, 1982).

In the present study, placental tissue on curettage was found in 71% of cases with the onset of haemorrhage at 15th-21st day after delivery.

The present study underscores the importance of remnant placental membrane bits in the causation of secondary haemorrhage. It also demonstrates a linear relationship in the

incidence of retained placental tissue with the severity of PPH.

Delayed haemorrhage may occur at any time upto 12 weeks after delivery. In the author's series, 61% of patients started bleeding during 1-7 days and 3-4% had the onset after 21 days since delivery.

It is interesting to note that the majority of deliveries resulting in PPH occurred in Eden Hospital. This point is mentioned in order to emphasise that Eden Hospital, being a tertiary, referral centre is the recipient of all sorts of moribund patients and therefore statistics should not be based on simple comparison alone.

This series shows that 79% of patients had vaginal delivery and 21% abdominal delivery. To have secondary PPH following caesarean section is very rare. Treanor (1962) reported 0.27% incidence of PPH following section. He stated that abnormal decidual involution at the placental site or changes like decidoma or syncytial endometritis resulted in PPH. Sharma et al (1984) and Mittal (1984) reported 3 such cases in which the histological report stated decidual endometritis in 2 cases and proliferative endometritis in the other. All the three required subtotal hysterectomy.

All cases in this study were diagnosed clinically. Use of sonography to exclude placental fragments has been advocated by Lee et al (1981), but could not be used in this study due to various financial and technical constraints.

Dual approach to treatment is applicable here as in the management of all obstetric haemorrhages (Quilligan, Zuspan 1982).

Conservative management included

bed rest for 24-48 hours, oxytocics (and blood transfusions if required) where subinvolution is suspected. Where endometritis is a contributory factor, antibiotics need to be given.

This line of treatment was instituted in all 62 cases in this series.

However, more aggressive surgical procedures such as EUA and exploration of uterine cavity was done in 41 cases, EUA and DC in 10 cases, local repair of perineal, cervical or paraurethral wound was needed in 9 cases.

There are some of the opinion that curettage in secondary PPH most often did not remove identifiable placental tissue. Rather than reducing haemorrhage, it is more likely to traumatize the placental site and incite bleeding to such a degree that hysterectomy may be needed (pritchard, 1985).

Maternal mortality in this study was limited to 2 in 62. One had underlying aplastic anaemia and the other septicaemia and DIC.

CONCLUSION

Though the incidence of secondary PPH and post partum haemorrhage as a group has diminished considerably over the last decade with improvement in obstetric practice, yet it is still a major cause of maternal morbidity and a factor to reckon with.

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CONCLUSION

Though the incidence of secondary PPH and post partum haemorrhage is a great one amongst obstetricians but the incidence is decreasing with advancement in obstetric practice. It is still a major cause of maternal morbidity and a latent threat to life.

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It is concluded that the incidence of secondary PPH is decreasing in the developed countries. This is due to the advancement in obstetric practice and the use of modern obstetric techniques. The incidence of PPH is still a major cause of maternal morbidity and a latent threat to life.

This study shows that the incidence of secondary PPH is decreasing in the developed countries. This is due to the advancement in obstetric practice and the use of modern obstetric techniques. The incidence of PPH is still a major cause of maternal morbidity and a latent threat to life.

All cases in this study were diagnosed clinically. The use of ultrasonography in the diagnosis of PPH is still a major cause of maternal morbidity and a latent threat to life.