Cerebral haemorrhage - an indirect cause of fetal and maternal mortality.

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Cerebral haemorrhage in pregnancy occurs infrequently as an indirect cause of adverse fetal outcome including miscarriage and fetal death. We report maternal and fetal outcome in a 26 year old primigravida who was admitted at 37 gestational week because of severe subarchnoid and intracerebral hemorrhage due to rupture of a berry aneurysm induced by uncontrolled hypertension of toxemia of pregnancy.

Smt. K. B., aged 26 years, unbooked primigravida was admitted to Jawaharlal Nehru Hospital & Research Centre, Bhilai, on 30.07.1997 at 5.30 p.m. through casualty services with the chief complaints of unconsciousness and vomiting of sudden onset. Her last menstrual period was 16.11.1996, and expected date of delivery was on 23.08.1997. There was no history of convulsions or head trauma. On examination, she was afebrile, drowsy, disoriented and oedematous, pulse rate 72/min, regular, respiratory rate 18/minute, B.P. 150/100 mm Hg, pupils were normal in size and reacting sluggishly to light, and respiratory and cardiovascular systems were normal. Ocular fundi showed subhyaloid hemorrhages. There was no motor deficit. Per abdomen: uterus was 34-36 weeks size, vertex presentation, head was fixed and fetal heart rate 134/minute and regular. Per vaginal examination revealed tubular cervix, os closed presenting part at brim, and pelvis was adequate. Laboratory investigations revealed: Hb 10.4 gms/dL, TLC 21200/c.m.m., DLC: P 80% L 15% E 5%. Blood group AB Rh +ve, bleeding and clotting time were normal. Blood glucose 58 mg/dL; blood urea nitrogen 26 mg/dL, creatinine 1.0 mg/dL, uric acid 7 mg/dL; serum bilirubin 2.2 mg/dL (direct fraction 0.8 mg/dL), SGPT 163 U/L, alkaline phosphatase 308 U/L; serum electrolytes normal. Urine showed trace proteinuria and urine culture was sterile. Computerised tomography of head revealed subarachnoid haemorrhage, left parietal intracerebral bleed with extension into ventricles and mid-line shift. Patient was shifted to intensive care unit, and treated with alpha methyl dopa through gastric tube, intravenous mannitol, frusemide, phenylhydantoin followed by glycerol. She remained unconscious without signs or clinical recovery. On 1.8.1997 fetal heart sounds could not be heard consecutively three times, and labour was induced. Patient delivered a fresh stillborn male child (weight 2.5 kg) by outlet forceps with episiotomy. Placenta showed calcification and infarcts, weighed 450 gms.

Patient expired due to cardio-respiratory arrest 72 hours postpartum despite resuscitative measures. Postmortem spinal tap yielded uniformly hemorrhagic cerebrospinal fluid.