A Case of Non-immune Hydrops Foetalis with cystic Hygroma

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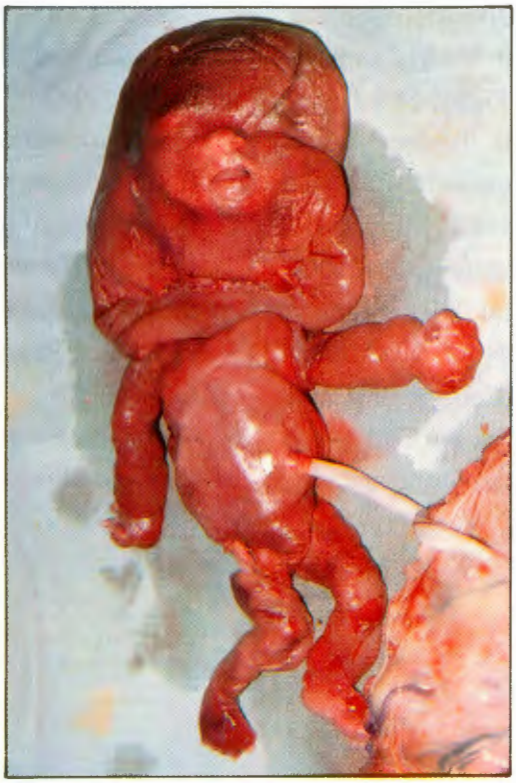
Mrs. A.K. 32 F G5P4Ao Alive 3, 1 still birth was admitted on 10.05.95 in SGTB Hospital, Amritsar with the history of 7 months amenorrhea and painless bleeding per vaginum since night. 15 days back pt. had a bout of bleeding for which she was treated by some local practitioner.

On Examination
Patient was thin built, markedly anaemic. Pulse rate 120/mt., B.P. 100/60mm of Hg. No oedema feet.

Per Abdomen Examination
Tense abdomen corresponding to full term pregnancy. Veins were very prominent. Foetal parts could not be palpated and FHS could not be heard.

P/V examination : not done.
USG revealed 20 weeks viable foetus with normal cardiac and reduced somatic activity with cystic hygroma, bilateral hydrothorax, foetal ascites and generalised subcutaneous oedema. Placenta posterolateral, large, lower margin covering the internal OS (major degree placenta praevia). Amniotic fluid was normal.



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Investigation
Hb 6.00 gm%; BT-1'30"; CT-4.30"; ABO Rh B+ve She was given 2 units of blood. As the bleeding P/V continued an emergency LSCS was done under GA and a dead baby extracted as breech. Foetal sex couldn't be determined. A large size oedematous placenta delivered immediately. Uterus stitched in layers. Bilateral tubal ligation was done.

Post mortem examination of the foetus revealed a grossly oedematous foetus with cystic hygroma, bilateral hydrothorax, foetal ascites & massive scalp oedema with generalised subcutaneous oedema.

Histopathology of placenta revealed a large oedematous placenta weighing 1000 gms. There was no evidence of CMV, syphilis or toxoplasmosis.

Patient was further investigated in post operative period. Husband was O+ve, VDRL-Non reactive, FBS-90mgm%, LFT & Renal function tests-normal, X-ray chest NAD. Indirect coomb's test negative. HIV was negative, Antibody test for toxoplasmosis & CMV negative. Post-operative period was uneventful and patient was discharged on ninth post-operative day.