Concurrent Intra-Uterine and Unruptured Tubal Gestation preceded by fourteen years of bilateral cornual block

Rajan Angra, Ritu Sarin, Nalneesh Sharma
Dept. of obstetrics and Gynecology, Kamla Nehru Hospital, I.G. Medical College, Shimla-171 001 H.P.

Mrs S 35 yrs G3 P1 A1, a diagnosed case of bilateral cornual block following spontaneous abortion 14 yrs back and a full term normal vaginal delivery of a male baby three & half yrs back following IVF-ET, presented to Kamla Nehru Hospital, I G Medical College, Shimla on 26 4 97 at 5 PM with history of amenorrhoea two and a half months, nausea 15 days, bleeding p/v and pain in abdomen 1 day. Her LMP was 12-2 97 and Period of gestation 10W 3D and there was no history of use of any contraceptives. Her pulse was 76/mt, BP 120/80 mm of Hg abdomen was soft, non tender, bleeding through os +ve and on per vaginum examination internal os was open, no products were felt in the canal and the uterus was bulky, soft without any cervical tenderness but the Lt fornix was tender. There was no evidence of any mass in any of the fornices. Immediate USG examination showed an empty uterus with a mass in the L adeneval area measuring 22 mm, without any fetal node in it. A tentative diagnosis of ? Hydrosalpinx ? unruptured ectopic gestation was made and the patient was posted for emergency diagnostic laparoscopy which showed bluish cystic mass of 3x3 cm size in the left tubal area. An immediate laparotomy performed with Lt Salpingectomy, followed by a D&C. Both the samples were sent for histo pathological examination which confirmed the presence of tubal gestation and products of conception from the samples obtained from uterine cavity.

Successful Management of very early hydrops fetalis due to Rh-Isoimmunisation by 7 serial intrauterine fetal blood transfusions.

Deepika Deka, Kamal Buckshee, Pradeep Garg, Alka Verma
Dept. of obst and Gyn, All India Institute of Medical Sciences, New Delhi.

A 28 year old fourth gravida was referred with ultrasound done at 22 weeks of gestation, showing gross hydrops fetalis. In her first pregnancy, she had a full term normal delivery. Blood group was not done. So no anti-D was given. In the second pregnancy she had home delivery of a fresh stillborn baby with no congenital abnormalities. She had a macerated still birth in the third pregnancy, and the baby was very edematous. Only in her fourth pregnancy, she visited a hospital where she was found to be Rh -ve, with positive indirect Comb's test (ICT).

On admission, the patient was found to be 24 weeks pregnant, blood group was A -ve. ICI was 1.256, ultrasound showed massive fetal ascities (2 cms), pericardial and pleural effusions, skin edema, cardiomegaly, hepatomegaly and severe oligohydramnios. Amniotic fluid index (AFI) was 4.

At 24 weeks, Ultrasound guided cordocentesis and intravascular intrauterine fetal blood transfusion (IVT) of 40 ml of packed O-ve blood was performed. Aspiration of ascitic fluid (65ml) was then done, and 15 ml of intraperiotoneal blood transfusion (IPT) was carried out. Fetal hematocrit was 8% and post IUT hematocrit was 25%. Thereafter, 6 more transfusions were performed as shown in Table I.

Severe bradycardia occurred during the 4 and 6 transfusions which were reversed with maternal atropine (0.6mgm) IM, and the procedures were immediately stopped. Fortunately the fetus survived. Ascitis had

Table 1:
Showing details of intrauterine transfusions in Rh-isoimmunised fetus

No. Of IUT	POG (wks)	Ultrasound	IUT IVT	(ml) IPT	Asc. tap	Remarks Complications
1.	24^{+5}	P. and pl. effusion + cardiomegaly+, hepatomegaly+,Asc.+,severe oligohydramnios (AFI=4)	40	15	65	Uneventful
2.	25^{+2}	Asc. Decreased, Decreased p. and pl. effusion cardiomegaly+, hepatomegaly+, AFI=7	-	65	45	Uneventful
3.	26^{+1}	No Asc., P. effusion+, cardiomegaly+, hepatomegaly+, AFI=10	-	60	-	Uneventful
4.	27^{+2}	Cardiomegaly+, hepatomegaly+	-	37	-	Bradycardia 90b/min for 3 min.
5.	28^{+5}	Cardoimegaly+, hepatomegaly+	-	65	-	Uneventful
6.	30^{+2}	Cadiomegaly+, hepatomegaly+	-	17	-	Bradycardia 80b/min for 3 min.
7.	30^{+6}	Cardiomegaly +, hepatomegaly+	-	60	-	Uneventful

POG = Period of gestation; P = Pericardial
Asc. = Ascitis; Pl. = Pleural; A.F.I. = Amniotic Fluid Index
IUT = Intrauterine Transfusion
IVT = Intravascular Transfusion
IPT = Intraperitoneal Transfusion

resolved, and as the placenta was very large covering the entire anterior uterine wall, it was technically safer to perform an IPT in the later transfusions. Prophylactic weekly inj. Dexamethasone was started from 28 weeks, for fetal lung maturity. Fetal monitoring was done with bio-physical profile.

At 31 weeks, the patient started leaking per vaginum, and emergency caesarean section was done on 19-07-1997 for breech presentation. The baby was 1.69 kg, female, hematrocrit-30%, Hb-10.4 gm% bilirubin 6 gm%. The baby required 2 exchange transfusions, and was discharged on day 19, in good condition.

Thus, a very early severely anaemic Rh-isoimunised fetus was successfully managed with repeated intravascular and intraperitoneal fetal blood transfusions and intensive fetal and neonatal monitoring.