

Paraplegia: A Rare Complication of Forceps Delivery

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Neglected and mismanaged labour contributes to about half of the maternal mortality and morbidity. Difficult and wrong application of forceps can result in life long disability. Mrs. R 22 years primipara CR 33065, was admitted as obstetrical emergency in Rajindra Hospital on 14 November, 1996 with paraplegia, abdominal distension and retention of urine. She had difficult forceps delivery at PHC 10 days earlier. Delivery was followed by profuse bleeding, fever and abdominal distension. She was taken to a private clinic where 3 units of blood were given but her condition deteriorated and she developed complete paraplegia.

On examination pulse and B.P were stable. Patient was severely anaemic. There were signs and symptoms of peritonitis. On P/A exam, there was abdominal distension with loss of bowel sounds. Uterus was not involuted and was palpable upto the level of umbilicus. Complete loss of sensory and motor functions of both limbs and bed sores were observed. On P/V exam, there were extensive perineal, vaginal and cervical tears with greenish foul smelling discharge. Pelvis on rt. side was stripped of muscles and bones were exposed.

Investigations showed Hb-6 gm% , TLC was raised with 90% polymorphs, vaginal swab positive for Klebsiella and E. coli, ultrasound scan showed fluid collection in the pelvis.

She was given conservative treatment with triple antibiotics cover for 48 hrs. after which exploration was done under GA. About one litre of pus was drained and large amount of placental pieces were removed. Repeated drainage of pus and antiseptic dressings were done on the tear site which healed with granulation tissue. There was gradual return of sensations and some motor function. With physiotherapy and supportive treatment she recovered and more than two months after admission she was given special shoes and limb supports and she limped back home. Follow up at 3 months & 6 months later showed that residual paresis persisted.

This case report highlights the fact that difficult forceps delivery can lead to high maternal morbidity. Proper asepsis and timely caesarean delivery would have saved this woman of the immediate problems as well as permanent disability.