

Abruptio Placenta following Indomethacin Therapy for Hydramnios

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Mrs. M., 29 yrs. old attended MSRMT. on 24.6.98 with 30 wks. gestation and overdistension of abdomen. She was seen regularly during the antenatal period elsewhere. She was a known epileptic on treatment with tab carbamazepine 200mg. twice daily and her general condition was satisfactory. Obstetric examination revealed an over distended uterus with fetal parts not clearly discerned. The fetal heart sounds were audible. Cervical os was 2cms. dilated with tense bag of the membranes with vertex presentation. Amniotic fluid index on ultrasound was 30.7cms. There were no congenital anomalies diagnosed by ultrasound. Ultrasound biometry corresponded to 30 wks. gestation. GTT revealed gestational diabetes mellitus. She received tab. indomethacin 25 mg thrice daily for 10 days and

scan was repeated. The AFI reduced to 20.8 cms and patient was discharged; 16 days after initiating indomethacin patient was admitted with evidence of abruptio placentae with thrombocytopenia (platelet count – 70,000) one unit of fresh blood was transfused and labour was induced. A preterm male baby weighing 1.8 kgs was delivered by outlet forceps. Both mother and baby were discharged home well on the sixth postnatal day. Baby had respiratory distress syndrome and hyperbilirubinemia due to prematurity (32 wks. gestation). It can be presumed that probably abruptio placenta was due to reduction in amniotic fluid with indomethacin therapy. The reduction in amniotic fluid even though gradual probably still carries a risk of abruptio placentae.