## Pregnancy with Splenic Injury - Case Report

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Obstetrics is "the bloody profession". obstetricians play with the pool of blood which may be concealed or revealed and accordingly shade on their faces changes from pink to blue and vice versa.

Mrs. S. 20 years old primigravida presented in antenatal clinic of PBM hospital, Bikaner, complaining of amenorrhoea of 4 months duration and pain in abdomen since morning. There was history of fall at home 5-6 hrs before the visit, and one episode of vomiting, which she took very casually.

Her haematological investigations were within normal limits except that her haemoglobin was 7gm%. On general examination apparently she was looking pale, pulse rate was 100/minute low in volume, blood pressure was 100/60mm of Hg. Heart and lungs were clinically normal. Her abdomen was tense and tender, bowel sounds were normal, fluid thrill was present and uterus was enlarged to 16 weeks size.

On bimanual examination cervix was soft, cervical movements were tender, uterus was enlarged to 14-16 weeks size, freely mobile and non tender, both

fornices were tender with no fullness was felt through fornices. Discharge was healthy.

Intravenous transfusion was started and blood transfused. Ultrasonographic examination revealed intrauterine viable pregnancy along with moderate ascites and haemoperitoneum and a mixed echogenic shadow in spleenic area suggesting splenic injury.

Immediate laparotomy was performed which revealed abdominal cavity full of blood, uterine integrity was normal. Spleen was badly lacerated. Spleen with rupture of upper posterior part which was still bleeding. Partial splenectomy was performed with reimplantation of remaining spleen in the omentum and after toileting abdomen was closed. Patient stood the operation well, postoperative period was uneventful. She was discharged from the hospital in good condition.

Patient is visiting antenatal clinic regularly and has reached to a pregnancy of 28 weeks. Pregnancy with pain in abdomen requires proper attention, thorough history taking, complete examination and quick management of the cause.