

Outcome of Pregnancy with Intestinal Obstruction of Foetus in Utero

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Mrs. S. 20 years old primigravida presented in the antenatal clinic for routine checkup with amenorrhoea of 8½ months. Her last menstrual period was 18.1.99 and expected date of delivery 25.10.99. She had a normal menstrual history.

Her general and systemic examination was normal. On P/A examination uterus was 32-34 weeks size, not contracting, presenting part was head which was floating, foetal heart rate was normal, tone was good. All her baseline haematological investigations were normal. USG scan showed single variable foetus in vertex presentation having gestational age of 35 weeks with dilatation of stomach, duodenum and proximal part of jejunum, amniotic fluid was adequate and placenta was anterior with grade II changes. On the very same day she was admitted in labour room for induction of labour.

On PV examination cervix was partly taken up, one finger dilated, membranes were intact over head which was above the pelvic brim. Pelvis was adequate. It was decided to instill 0.5mgm Dinoprostone (PGE₂) gel intracervically. She responded well to the instillation. On repeat PV examination after 24 hrs cervix was taken up, 4-6cms dilated membranes were bulging over vertex at -1 station, Artificial rupture of membranes was done and clear liquor drained.

She delivered a female live baby of 2.4 kgs. The baby cried soon after birth and her Apgar score at 1,5 and



Fig. 1: Showing ultrasonography of patient with multiple fluid levels in the fetal ileum in utero.

10 minutes was 7,7,8 respectively. Baby was shifted to neonatal unit, where intravenous infusion was started. A urgent flat plate abdomen X-ray of baby was done, which revealed multiple fluid levels and high intestinal obstruction. Diagnosis by paediatric surgeon was congenital ilial atresia and surgery was planned. Laparotomy done after jejunal aspiration, resection anastomosis was performed. The baby stood the procedure well. Post operative management was intravenous fluids and antibiotic regime. Postoperative procedure was uneventful. The baby was discharged in healthy condition taking normal breast feed. Baby and mother were in pink of their life.