

## A Rare Case of Umbilical Cord Abnormality – Stricture with Haematoma

Debjani Bhadra, Tanmoy Mandal, S. Guha

Dept. of Obstetrics & Gynaecology, Calcutta National Medical College, 32, Gorachand Road, Calcutta – 700 014

Cord abnormalities capable of impeding blood flow like knots of cord, loops of the cord, torsion of the cord are not very rare in day to day obstetrics.

But stricture of the cord with extreme focal deficiency of Wharton jelly and complete transformation of the umbilical vessel wall with collagenous tissue causing haematoma of the cord proximal to the stricture causing fetal demise is quite rare. Here we report such a case.

Mrs. S.P., aged 24 years, primigravidae, Rh-ve of 32 weeks period of gestation was admitted in our hospital on 28.1.2000.

Here complaint was loss of foetal movement for the last five days. On admission her pulse was 72/m, normotensive, other systems normal. On P/A exam, uterus was 32 weeks size, cephalic presentation, FHS not localized. Uterus was relaxed.

On P/V exam, CX was uneffaced, OS closed. Her Hb. Urine Rou, VDRL, PPBS were all normal. Indirect coomb's test done on 15.1.2000 was negative. She had an USG done from outside which reported IUD of the baby. No obvious cause of IUD could be ascertained.

On admission her BT, CT, Fibrinogen, platelet levels were all normal. She did develop labour pains within one week of admission.

She was induced with PGE<sub>2</sub> gel followed by oxytocin drip augmentation of labour.

She expelled a dead foetus weighing 1300 gms.

The umbilical cord following delivery was found

to have a stricture with extreme focal deficiency of Wharton jelly 3 cm away from the umbilicus. The stricture was 2cm in length. The cord had a haematoma proximal to the stricture upto a variable distance (Fig 1).



Fig. 1

2 arteries and 1 vein were identified. Neither the baby, nor the placenta had any obvious anomaly (Fig 2). We assume the sudden fetal demise was as a result of impeded blood flow due to stricture and associated haematoma. The sudden formation of haematoma was

due to rupture of the vessel wall at the stricture. This was due to replacement of vessel wall with collagenous tissue. There may have been impediense in blood flow from early weeks of gestation due to narrowing of the vessel at the stricture where subsequently complete obstruction took place causing sudden fetal demise.

Histopathological examination of the stricture area showed dense collagenous tissue with areas of calcification. No granuloma or any specific lesion was seen.



Fig 2