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Epileptic Primi Gravida with Placenta Previa Needing Obstetric Hysterectomy

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Introduction

During pregnancy epileptic seizures worsen. Epileptic patients are as likely to have placenta previa with of its complications as any other woman. The present case report emphasizes this.

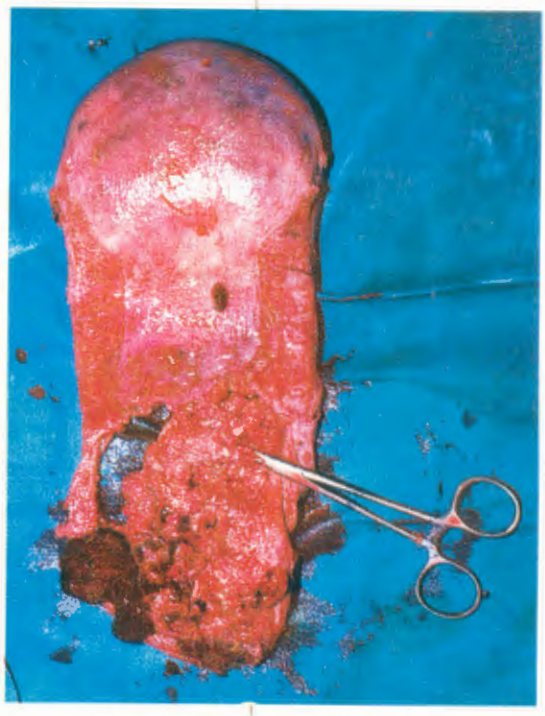
Case Report

Mrs. S, aged 30 years and married for two years was admitted on 1st June 2001 in a state of shock with uncontrolled vaginal bleeding following LSCS at 34 weeks pregnancy. It was her first pregnancy. She was a known case of grandmal epilepsy and was on treatment with tab tegretal 200mg three times a day for the last 10 years. Her first trimester was uneventful. She had one attack of epileptic fit in the fifth month. She had irregular antenatal check ups at a private hospital. In the third trimester, she was diagnosed as having central placenta previa by routine ultrasonography. On 31st May, 2001, she had three attacks of epileptic fits and started profuse vaginal bleeding after the third attack. Emergency LSCS was done in a private hospital. A premature asphyxiated baby was born, but died 30 minutes after birth.

She continued bleeding vaginally after LSCS that could not be controlled with intravenous methergin, 20 U oxytocin drip and injection prostodin 250 mg IM. She went into shock and thereafter was transferred to our institution.

On examination, she was found to be moderately built and severely anemic. She was unconscious and did not respond to painful stimulus. Her pupils were reacting sluggishly to light. Her peripheral pulses could not be felt. Carotid pulse was felt feebly and blood pressure was not recordable. Respiratory rate was 40 per minute. Heart rate was 128 per minute. An abdominal examination revealed the uterus to be not well contracted. Speculum examination revealed continued bleeding through os. No trauma was detected in the genital tract. Her hemoglobin was 3.2 gm% and blood group was B positive. BT, CT, blood urea, serum creatinine, blood sugar and serum electrolytes were within normal limits. I V line was started in the internal jugular vein. Compatible blood transfusion was started along with dopamine drip at the rate of 10mg/kg / min. She was intubated with 7.5 size cuffed endotracheal tube and ventilated with 100% Bain's circuit. No other anesthetic agent was given and a laparotomy was done.

On opening the abdomen, the uterus was found to be soft and flabby. The uterus was opened through previous lower segment incision. Bits of partially adherent placental cotyledons were felt in the lower uterine segment with continuous bleeding. A total hysterectomy was done (Photograph 1).



Photograph 1 : Hysterectomy specimen with partially separated bits of adherent placenta.

In the first 24 hours, she received six units of blood, inj. hydrocortisone 100 mg 8 hourly, intravenans fluids, inj. ceftriaxone 1 gm 12 hourly, and i.v. tinidazole. Antibiotics and analgesics were continued for seven

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days. Inj. hydrocortisone was tapered off over the next five days. Oral tegretol was started on the fourth postoperative day with multivitamins and haematinics. She developed epileptic aura on the seventh day for which Inj. Epsolin was given. Sutures were removed on the ninth postoperative day and she was discharged the next day.

Discussion

During pregnancy, there is increased frequency of epileptic seizures. There is a higher rate of stillbirth and premature delivery due to hypoxia and acidosis. Women with epilepsy do have an increased risk of vaginal bleeding, anemia, hyperemesis gravidarum and abruption placenta. PIH, premature labor and congenital malformations. The dosage of anticonvulsants during pregnancy in epileptic patients should be increased to reduce the frequency of seizures. Placenta previa in epileptic patients is not reported in the literature.

The commonest cause of obstetric hysterectomy is placenta accreta. The incidence of placenta accreta in placenta previa patients is 5%.

In our case, bleeding could not be controlled by conventional conservative treatment due to uterine atony and partially adherent placental bits and therefore obstetric hysterectomy had to be done.

Preconceptional counseling in epileptic patients is required to deal with complications during pregnancy and labor.