

ICR SYMPOSIUM / KENT BOENNINGHAUSEN / CASE COMPETITION

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Gynaec & Obst. Dept.

PRELIMANRY DATA

NAME: Mrs. P. V. G AGE / SEX: 25 Year. RELIGION / CASTE: Hindu / S.T.

NONVEGETARIAN EDUCATION: 12th OCCUPATION: Student D. Ed.

STATUS: Married since 1 ½ year

HUSBAND: MR. V.S.G., 27 Years, Occupation: Farming & temporary clerical job

FATHER: Expired 9 Year back MOTHER: 55 Year

SISTERS: 3, patient 3rd in siblings CHILDREN: 1 (DAY 1) Son

PRESENTING COMPLAINTS

Primi with 9 months of amenorrhoea came with complaint of labour pain since yesterday night; complain of P/V discharge & spotting since 3-4 days which was more at night. Complain of increased foetal movements since yesterday.

LMP: 9/12/ 08 EDD: 16/09/09, BY USG: 13/09/09

UNREGISTERD, PARTIALLY INVESTIGATED, IMMUNIZED PATIENT.

O/E: Generals better, Pallor: ++, Oedema: Absent.

P/A: Uterus irritable, 38 – 40 weeks, Vertex presentation, FHS: Present 164 / min regular.

P/V: Os intermediate cervix 2 finger loose, bag of membrane +

ADVISED ADMISSION: Patient got admitted

10/09/09: at 8: 25 pm

Contractions increased, bag of membrane ruptured spontaneously, liquor clear.

P/V: Cervix 60 – 70 % effacement, 5 cm dilated, Breech presentation station “0”.

HIGH RISK: Explained to relatives about the breech presentation with LOW HAEMOGLOBIN level, so during LSCS more risk to mothers life, also risk to the life of baby during breech delivery. Relatives insisted for breech vaginal delivery.

DELIVERY NOTES:

Patient progressed well through the 1st and 2nd stage of labour, episiotomy given in 2nd stage of labour. Full term breech delivery of male child on 10/09/09 at 10:18 pm, baby cried immediately after birth. Weight of baby: 2.6 kg. Congenital anomaly found in the baby as one umbilical artery. Baby referred to higher centre for further management.

3RD STAGE OF LABOUR: PROLONGED, placenta retained not coming out after ½ hour of delivery. Placental traction given, still the separation did not occur. Moderate dark red vaginal bleeding present.

Finally the placenta removed manually in fragments. Most of the fragments remained inside, which needs curatting, but gynaecologist suggested to avoid it due to risk to the life of patient as patient is already having low HB%.

Inj. Methargin 1 amp. was given IM, Episiotomy sutured with catgut no. 1.

POST DELIVERY ROUND: 12: 25 AM (11 / 09 /09)

Patient complains of giddiness.

O/E: Temp: 98° F, Pulse: 88/min, BP: 100/60 mmhg, Pallor: ++

Rs: Clear, AEBE CVS: Heart sounds normal

P/A: Uterus up to umbilicus, not well contracted, mild tenderness present in uterine region.

Extremities cold to touch, patient looks exhausted and drowsy.

ACTION: HEAD LOW, LIQUID DIET.

INJ. TAXIM 1gm IV stat, INJ. METRO 100 cc IV stat, INJ. RANTAC 50mg IV stat
IVF: 1 PINT RL (500 cc) IV SLOW.

ADVICE: Coming morning - HB% & USG: Abdomen & Pelvis for Retained Placenta

11/09/09: No complaint of pain in abdomen. No giddiness /cold extremities/ palpitation

Fever - 99° F (A), P: 138/min (Tachycardia), BP: 120/70 mm hg. Pallor: +++

P/A: uterus not well contracted, up to umbilicus, mild tenderness.

P/V: bleeding decreased, Changed 2 pads till evening. No clots. Episiotomy healthy.

BREAST: No Lactation, No Engorgement / Swelling / Warmth.

HB % -- 4.9 gm % 1 PINT WHOLE BLOOD GIVEN (1st)

11/9/09 – POST DELIVERY USG: RETAINED PRODUCTS OF PLACENTA SEEN.

12/09/09: No complaints of pain in abdomen / nausea/ vomiting. Bleeding decreased. Clots not passed, changed 3 pads yesterday. Urine passed, Stool passed, Appetite improved.

O/E: T: 97.2 °F, PULSE: 72/min, BP: 120 / 80 mm hg, Pallor: +++ RS /CVS: NAD,

P/A: soft, Uterus up to umbilicus P/V: Bleeding decreased, Episiotomy healthy

BREAST: No lactation, No engorgement / swelling / warmth / tenderness.

1 PINT WHOLE BLOOD GIVEN (2nd)

MENTAL SATE: Patient upset. Says, “I had prepared for my exams but all gone waste, I am not able to give my exam will be able to give it after 6 months. My 6 months have gone waste.”

PATIENT AS A PERSON

APPEARANCE: Lean thin, round face. Expressionless face.

WOUNDS HEALING: DELAYED, SUPPURATION⁺⁺ Tooth carries⁺⁺

PERSPIRATION: Mainly on forehead

APPETITE: Normal THIRST: Normal (7 – 8 Glasses / Day)

AVERSION: Fruits¹ CRAVING: Sweets²

STOOL: Normal, Satisfactory, Once / Day URINE: 4-5 Times /Day

MENSTRUAL FUNCTION: F.M.P.: 19 YEARS OF AGE, (Late Menarche Familial)
L.M.P.: 9 / 12 /08 Regular cycle of 30 days, Duration: 4 days, Quantity: Normal, Colour:
Dark Red, Brownish. No clots. Non offensive. Non staining.

SEXUAL FUNCTION: Frequency ↓ because she stays with husband on weekends only

SLEEP: Good DREAMS: Abortion during pregnancy.

THERMALS STATE: Season likes winter,

Fanning: Full in summer, slow in winter and rainy . Likes closed room.

Covering: Must, till neck all the seasons. Thick (blanket) 1 in winter & rainy, Thin 1 in
summer. Woollens – Required occasionally.

Take hot water bath in all seasons.

Sweets & spicy disagree causes diarrhoea.

PATIENT'S OBSTETRIC HISTORY

G₁ P₁ A₀ UNPLANNED, UNWANTED PREGNANCY.

ANTENATAL HISTORY: WEIGHT GAIN: 8kg, No morning sickness.

FOETAL MOVEMENTS: Good throughout the pregnancy.

OEDEMA: since 7 month of pregnancy (Anaemia)

MENTAL STATE DURING PREGNANCY: She wants to complete her studies and get a
job then planned to conceive. She tried to do MTP of pregnancy at 5th month but
Gynaecologist refused. She has to do whole house work during pregnancy so wanted
someone to help her, but there were no one. Constantly thinks that delivery will occur during
my exam and I would not be able to appear for my exams.

DELIVERY: FULL TERM BREECH DELIVERY, BABY BORN WITH SINGLE
UMBILICAL ARTERY, SHIFTED TO HIGHER CENTER FOR FURTHER
MANAGEMENT.

PLACENTA: Retained, removed manually, bits retained inside.

POST PARTUM: LACTATION: Absent

MENTAL STATE: Not able to give my exams which are going on now, I worked hard, prepared fully but now I can't do anything. Now I would be late for my internship and my completion. Now I can join my job next year only. My 6 months got wasted.

LIFE SPACE

Patient is lean thin pale looking lady. She speaks softly and mildly & appears mild in her behaviour too.

She hails from a village near Manor. Her maiden family is in Wada. Financial condition was poor in childhood; father was a patient of CVA and bed ridden so most of the money which they earned from farming was spent on his treatment only. All the siblings adjusted to the circumstances well. All of them studied in Ashramshala, used to stay at community hostel. Since 5th she stays at hostel which was free of cost and provided all basic needs to children, even now one of her sister stays there.

In school she had good performance in studies as well as in extracurricular activities like elocution & debate competition. When she was in 10th std. her father died, this was really a shock for her because she had to leave her studies, both of her elder sisters got married and she was now the elder child of family who had to look after her younger sister and mother. She thought that she will not be able to study further, got little sad. At this time her elder sister's husband helped her and supported her for further study. He is the same person who is now looking after patient's maiden family. She studied further and with the help of her sister's husband took admission in D. Ed. (He gave 1 lac rupees to patient towards fees of her study which she will return him back as soon as she gets the job).

She took admission in one of the colleges in Mumbai, so started staying at Virar with her elder sister. After few months of D.Ed. a marriage proposal came for her, considering circumstances she agreed to it with one condition that she will be continuing her studies even after marriage. In – laws family consists of mother in law, husband and patient. For her studies she started staying near her college with some friends. She has only one close friend with whom she shares everything. She is never interested in going out, stays at room and does study. On weekends she comes home, MIL & husband agreed to all these things. Her aim is to become a teacher and she wants to achieve it any how & she can't compromise with that. She conceived accidentally, she never wanted this child at this moment. She wanted to abort it but MIL and husband did not allow her to do that. She had to continue this

pregnancy. Till 5th month of pregnancy she attended her college, she got summer vacation so she came home where she stayed for 2-3 months and then she got preparation leave for exams, so again stayed at home. At this time she had to do all house work, MIL helped her little bit, but majority of work had to be done by patient, so she would get exhausted. Got less time to study also. In 8th month she complained of pain in abdomen so husband brought her at Manor where she stayed with her BIL & his wife. The whole month (8th) she got proper rest. She prepared for her exams well with the hope that if delivery occurs late then she will be able to give exams.

She started complaining of pain in abdomen of mild intensity on 7 / 09 /09 and from next day she was having her exams. No one allowed her to go for exams & she could not appear in exams. She felt very bad for this. She was constantly thinking that I had prepared thoroughly for my exams and am not able to give it. After delivery also she had not asked about her child who was referred to higher centre but she had called up her best friend once to ask how the exam paper was? Now she is thinking much about her future, job and 1 lac rupees which she has to return.

Past history: Appendicitis, not operated

Family history: Sister – Urethral Stricture Sister - Primary Amenorrhoea, Anaemia

Father - Paralysis

ON EXAMINATION

T: Afebrile, P: 80 /min BP: 100 / 70mmhg Pallor: +++ Tongue: Pale.

RS: Clear, AEBE CVS: S₁ S₂ heard normally. P/A: Soft, Uterus up to umbilicus.

BREAST: Soft, No Milk secretion. No Engorgement / Swelling / Warmth

INVESTIGATIONS

27/5/09 - Hb% - 10 gm% BLOOD GROUP – B POSITIVE

HIV – NEGATIVE HB_s AG – NEGATIVE VDRL - NEGATIVE

10/9/09 - Hb% - 6.4 gm% WBC: 6800, N – 62, E- 2, L- 34, M- 2

18/8/09 – USG: SLIUG, CEPHALIC PRESENTATION, PLACENTA ANTERIOR GRADE 3 MATURITY. LIQUOR – ADEQUATE, FETAL WEIGHT – 2663gm

11/9/09 – POST DELIVERY USG: RETAINED PRODUCTS OF PLACENTA SEEN.

DIAGNOSIS: Retained Placenta with lactation failure.