RESULTS OF EXTERNAL PROPHYLACTIC VERSION

BY

M. V. TRUBKOWITCH, M.D.

Second Obstetric-Gynaecological Clinic of the Second Moscow Medical Institute

AND

Prof. B. A. ARCHANGELSKY, M.D.

Director of the Clinic

This is a preliminary communication with the object of setting out results of prophylactic cephalic version conducted under the direction of Prof. Archangelsky in cases of breech and transverse presentations. It relates to the period 1931-41, with the majority of cases dealt with in the years 1940-1.

External version was carried out in 324 cases of breech, transverse, and oblique presentations. Of these 324 cases version was successfully performed in 293 (90.5%) and unsuccessfully in 31 (9.5%). Of the 293 successful cases 251 had been breech and 42 transverse and oblique. In somewhat under 10% of the cases either version could not be performed or, when performed, the position of the foetus relapsed into the original state. As a rule the operation was conducted in the 35th to 36th week of pregnancy, and only in 4 instances was an anaesthetic employed. In the majority of cases of successful version the desired result was obtained at the first attempt. Repeated attempts had to be made in a few isolated cases—multiparae with a small foetus and lax pendulous abdomen.

To what extent is foetal mortality reduced by the timely performance of version? Of 247 births that took place after version 3 were stillbirths (1.2%). On the other hand, among 19 cases in which version was not successful there were 2 stillbirths (10.5%). Of 228 cases in which the performance of version procured a vertex presentation there was only one stillbirth (0.44%).

Table to Illustrate the Foregoing

	No. of Births	Live Births	Stillborn
Version performed ..	247	244 (98.8%)	3 (1.2 %)
.. successful ..	228	227 (99.6%)	1 (0.44%)
.. unsuccessful ..	19	17 (89.5%)	2 (10.5 %)

What is the Significance of External Prophylactic Version in Obstetrics?

To answer this we must examine the incidence of the various abnormal positions of the foetus. Of 107,966 births in the city of Moscow 99,552 took place at term. Of these 99,552 full-term births 96,048 (96.2%) were vertex presentations, 3,148 were breech (3.2%), and 356 cases were transverse and oblique (0.4%). Thus all non-vertex presentations provided 3.6%. Of the 96,048 head-presentation births 905 (0.94%), of the 3,148 breech presentations 318 (10.1%), and of the 356 transverse presentations 104 (29.2%) were stillborn.

	Births	Stillborn
Total number of births ..	107,966	2,048 (1.88%)
Full-term births ..	99,552	1,327 (1.32%)
Head presentation ..	96,048	905 (0.94%)
Breech ..	3,148	318 (10.1%)
Transverse and oblique ..	356	104 (29.2%)
After version ..	247	3 (1.2%)
After successful version ..	228	1 (0.44%)

It will thus be seen that successful version reduces the mortality to the level obtained in ordinary head presentation and so reduces the foetal mortality in breech presentation 10 times and in transverse or oblique presentations 25 times.

Complications Attendant on Version

1. *Premature Labour.*—Out of 103,735 births in Moscow 7,687 (7.4%) were premature. Out of 228 cases in which version procured a head presentation at birth 2 were premature, or below 1%. This low rate is explained partly by the fact that version was done in the 36th week, a time close to full term already, and partly by the fact that version was not

performed when there were any contraindications. Obviously premature labour, where it took place, occurred before the date at which version would normally have been undertaken. All the same, the fact that only 1% of premature labour took place after version in 228 cases permits of the conclusion that version *per se* does not lead to premature labour.

2. *Haemorrhage.*—Out of 324 cases in which version was carried out only 1 case had slight haemorrhage—about 3 weeks before the onset of labour—and this had no effect on the subsequent period of pregnancy or labour.

3. *Premature Separation of the Placenta; Adherent Placenta Requiring Manual Separation.*—These conditions did not occur in any of our cases. This leads to the conclusion that external version, when all contraindications are carefully observed, does not lead to risks of haemorrhage.

4. *Premature Loss of Liquor Amnii.*—Out of all our cases this took place in about 5%. In the cases in which version was carried out premature rupture of the membranes occurred in 2%. This leads to the conclusion that the treatment exerts no influence in this direction.

5. *Prolapse of the Cord.*—Among all our clinical material this was observed in 0.4% of cases of head presentation and 2.1% of cases of breech presentation. After version which secured a head presentation this took place in 0.44%. The conclusion is reached that prolapse of the cord is not accelerated by version. On the other hand, in those cases in which a breech presentation could not be successfully turned into a head presentation prolapse of the cord took place in 11.5%.

6. *Does Version produce a More Frequent Occurrence of a Twisted Cord?*—Among all our clinical cases this was observed in 16.8%. Out of 228 cases in which version procured a head presentation at birth this was noted in 12 cases, or 5.2%.

We see, therefore, that external cephalic version does not contain any dangers provided it is carried out with due regard to indications, contraindications, and proper technique.

Medical Memoranda

Histiocytic Medullary Reticulosis with Transient Skin Lesions

In 1939 Bodley Scott and Robb-Smith separated from the group of diseases commonly known as "atypical Hodgkin's disease" a number of cases with such a uniform clinical and pathological picture as to suggest that they represented a distinct disease process. Histologically they showed a cellular proliferation, involving chiefly the histiocytes and their precursors, which affected the whole lympho-reticular tissue, the medullary portions of the organs being principally affected; and for these reasons "histiocytic medullary reticulosis" was suggested as a pathologically descriptive name for the disease. They reported four new cases and gave records of six others which had previously been published. The clinical picture was that of a rapidly fatal disease characterized by fever, wasting, generalized enlargement of the lymph nodes, enlargement of the liver and spleen, progressive anaemia, leucopenia, and, in some cases, purpura and jaundice. The following case, which histologically proved to be typical of this disease, showed many of these clinical features but differed in presenting a leucocytosis, which has not been previously recorded, and skin infiltrations, which had disappeared by the time the patient died.

CASE RECORD

A married woman aged 52 was seen in consultation with Dr. H. S. K. Lowry on Nov. 3, 1942, complaining of weakness. She had enjoyed good health apart from a rash two years previously which was thought to be pemphigus. For three and a half weeks she had been easily tired. Two weeks later she had diarrhoea and a temperature of 101°. Four days after this she developed a cough with rusty sputum. On sulphapyridine the temperature fell to normal and then gradually rose again. Two days before the consultation a tender purplish lump had appeared on the face, and this was followed by similar lesions on the trunk and limbs.

On examination her temperature was 98.6° and pulse 102. She looked ill. Her face had a yellow tinge, but there was no jaundice. The mucous membranes were pale. The skin lesions were situated on the forehead, cheeks, neck, upper chest, back, and proximal halves of arms and legs. They were raised purplish-red plaques