Case Report

A case of Fracture in a Newborn delivered by Caesarian Section

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Introduction

It is considered by many that caesarian section is a safe mode of delivery. However, in certain difficult cases, injury may be sustained by the newborn as a result of the mechanics of delivery. In these situations, it is useful to have a high index of suspicion so as to detect the same. We report one such case sustaining fracture of the humerus in caesarian delivery.

Case Report

A woman of 25 years, G2P1 was admitted with labour pains at 38 weeks of gestation. She was taken up for emergency LSCS with an indication of “post LSCS pregnancy with cephalopelvic disproportion (CPD) in labour”. During the operation, sudden drainage of the liquor caused deflexion of the head resulting in difficult head extraction. In the subsequent attempts, the lie changed to oblique and hand prolapse followed. The hand was then pushed back and the baby delivered by internal podalic version and breech extraction. However, during the process of delivery, a snap was heard over the right shoulder. The newborn, though depressed at birth, responded well to 30 seconds of bag and mask ventilation with 100% O₂. APGAR scores at 1 min and 5 min were 6/10 and 9/10 respectively. On examination at birth, the newborn was found to be active, with no obvious deficit. At 3 hours of age, re-examination of the newborn showed paucity of movements of the right arm and baby had become irritable. An X-ray of the right upper arm was taken which showed fracture shaft of humerus (Fig 1). Subsequently a plaster of paris (POP) “U” slab was applied and the baby was discharged home with advice for weekly follow-up. In the next three weeks, there was clinical as well as radiological evidence of exuberant callus formation. At the last follow-up at an age of 12 weeks, the baby had equal movements of both upper limbs inspite of a mild angulation of the right arm.

Discussion

There are very few reports on bone trauma in LSCS. A case of fracture femur was noted as far back as year 1922 in LSCS for breech presentation. Through the 60's, 70's and 80's, there have been occasional reports

Fig. 1 : Photograph showing fracture shaft of right humerus

of fracture femur, depressed fracture skull, fracture tibia, radius and rarely humerus and these were mostly in difficult breech extraction. There has been apparently no literature on fracture humerus in caesarian neonate in the last decade [1-6].

The second point we felt which needs to be mentioned was the modality of treatment. These range from simple chest bandages and von Rosen splints to POP [7]. It is important to remember that the fracture union may look quite unsatisfactory initially, but 40-50 degree moulding can occur in two years time and parents may be reassured of the same [7].

The case report has been brought out to analyze the fracture risk in caesarian section, which is quite rare.

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The requirement of a high index of suspicion in difficult deliveries, especially breech, is emphasized.

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