EMERGENCY HYSTERECTOMY IN OBSTETRICS

(Case Report)

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Introduction

Emergency hysterectomy in obstetrics is rarely indicated and is always debatable [1]. Removal of puerperal uterus in young age and deteriorating general condition of the patient puts pressure on the obstetrician. It is indicated as a life saving operation in post partum haemorrhage, septic abortion especially criminal abortions and rupture of uterus [2,3]. Maternal mortality can be reduced by management of these conditions and timely intervention [4,5]. A case of secondary post partum haemorrhage is presented.

Case Report

37-year-old lady, gravida 3, para 2, presented with amenorrhoea of 38 weeks duration and premature rupture of membranes. She was a booked case and antenatal period had been uneventful. She had two previous normal deliveries and last child birth was 10 years back. General examination revealed mild pallor, no pedal oedema and blood pressure of systolic 110/diastolic 70 mm of mercury. Systemic examination of heart and lungs was within normal limits. Per abdominal examination revealed uterus term size, longitudinal lie and breech presentation. Foetal heart rate was 140 per min, regular. On vaginal examination, cervix was 3 cm dilated, 40% effaced, presenting part was at minus two station and pelvis was adequate. Investigations revealed Hb 10.5 g/dl, blood group B positive, STS non reactor and urine examination negative for albumin & sugar. Ultrasonography confirmed 38 weeks foetus with breech presentation. She was taken up for caesarean section delivery and a live male baby with 3.5 Kg weight was delivered. She was treated with systemic antibiotics, parental ampicillin and gentamicin for five days. Post operative Hb was 9 g/dl and abdominal wound was well healed. She was discharged from hospital on ninth day. On thirteenth post operative day she was brought back to the hospital with history of per vaginal blood loss of approximately 500-700 ml. Examination revealed marked pallor, tachycardia and blood pressure of 100/60 mm of mercury. Uterus was soft and reaching up to umbilicus. There was active bleeding from the uterus. She was treated with injection methyl ergometrine maleate, pitocin drip, prostodin injections and blood transfusions. Injection ciprofloxacin and metronidazole were used as antibiotics. Hb was 7.5 g/dl, PCV 23% total leukocytic count was 12,800/cmm, neutrophils 75%, normal bleeding time, clotting time and prothrombin time. She responded favourably, uterus was well contracted and uterine bleeding was controlled. She had an-

other bout of uterine bleeding on fourth and fifth day of admission which could not be controlled by the conservative line of treatment and repeated blood transfusions. She was taken up for laparotomy and proceed with emergency hysterectomy. Laparotomy revealed soft non contractile uterus and no evidence of bleeding from the edges of caesarean scar. no active bleeder could be detected and total hysterectomy was performed as a life saving measure. The cut open specimen revealed fresh blood clots and areas of sloughing which had exposed the placental bed leading to secondary haemorrhage. Histopathological examination of uterus revealed necrotic decidual tissue with evidence of endometritis. Post operative period was marked with low grade pyrexia, tachycardia and anaemia but the patient made complete recovery.

Discussion

Incidence of post partum haemorrhage is 1 in 200 to 300 deliveries. Along with sepsis this is responsible for more than 60% of maternal deaths. Secondary post partum haemorrhage is loss of more than 500 ml of blood in the puerperium. Retained products and sepsis are causative factors and conservative treatment is mostly successful [6]. Hysterectomy as treatment of uncontrolled post partum haemorrhage is a radical and undesirable procedure and is undertaken as a last resort when patient is too critical to withstand the risk of operation and anaesthesia. Sotto and Archambault [7] reported ten cases of emergency hysterectomy to control post partum haemorrhage. In the Barclay study of 200 cases, atonic post partum haemorrhage heads the list. Kaul [8] had similar results.

Internal iliac artery ligation is a better alternative measure [9,10] but due to lack of time and practice of performing this operation, it was not done in this case. Emergency hysterectomy has a definite role in reducing maternal mortality in uncontrolled post partum haemorrhage.

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