



“SCARY ROPE AT THE EDGE” SUCCESSFULLY HANDLED – THE VELAMENTOUS PLACENTAL CORD INSERTION.

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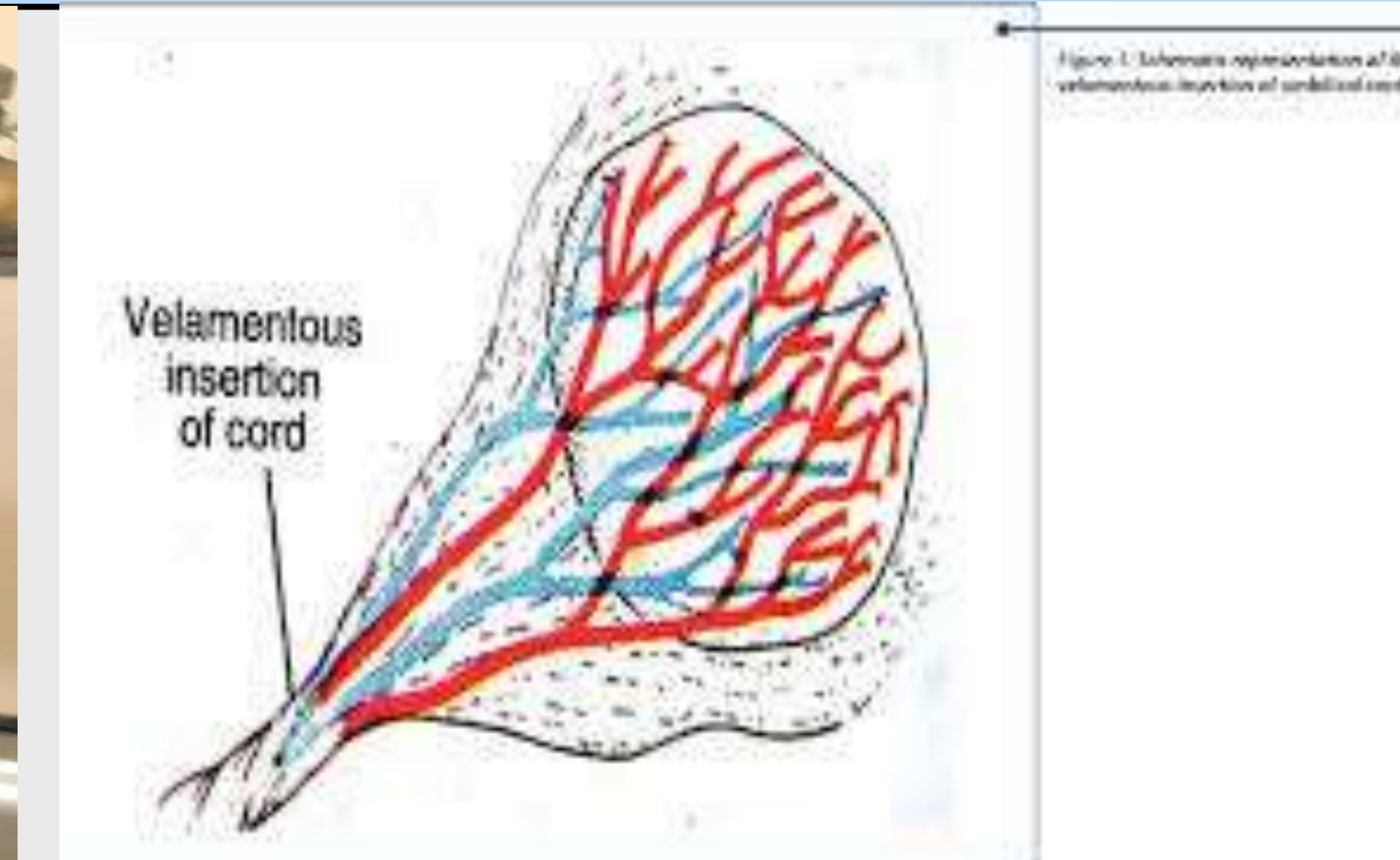
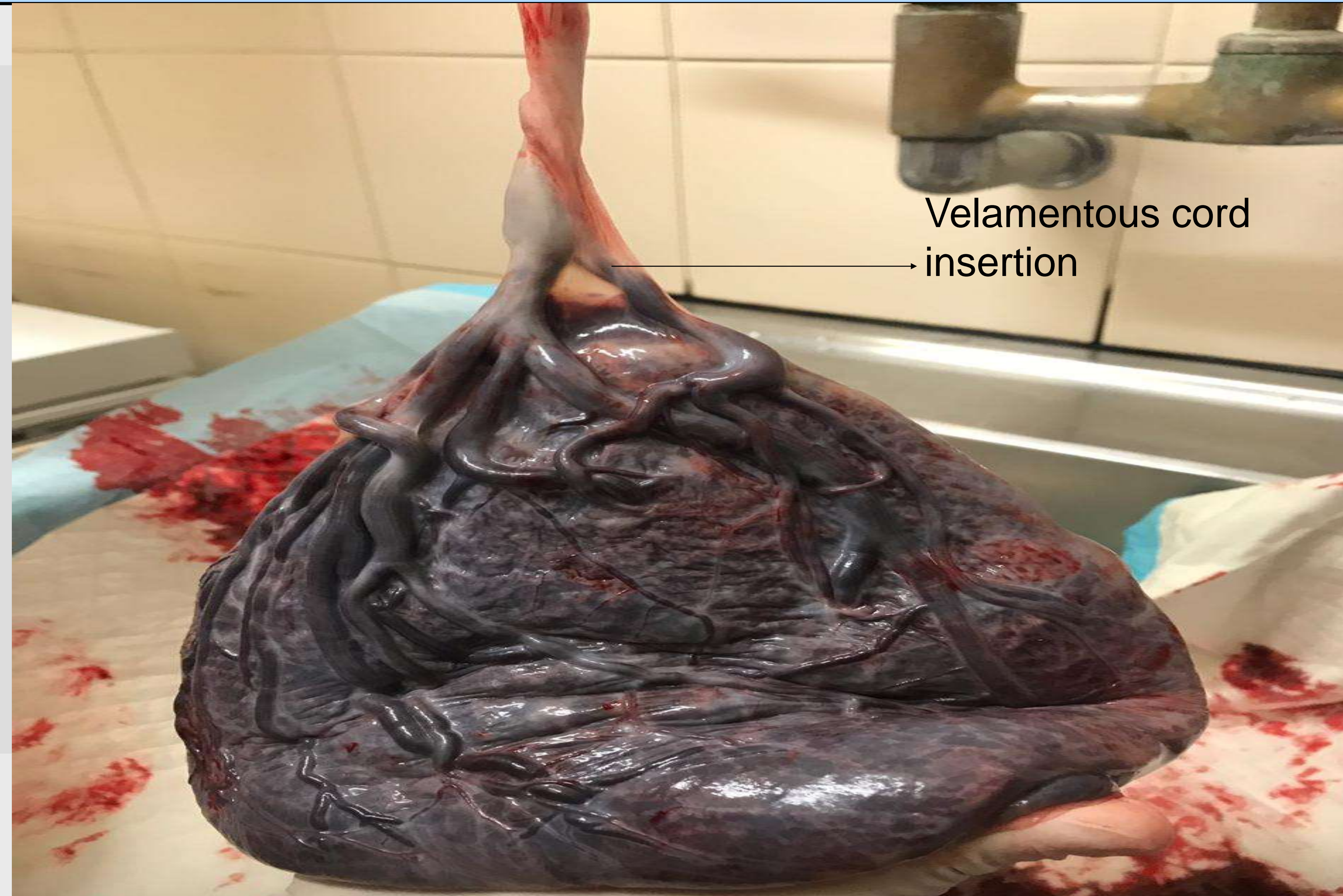
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INTRODUCTION

Velamentous cord insertion is a complication of pregnancy, incidence being 0.1% - 1.8% where the umbilical cord is inserted in the fetal membranes. In normal pregnancies, umbilical cord inserts into the middle of placental mass and is completely encased by the amniotic sac. The vessels hence normally protected by Wharton's jelly, which prevents rupture during pregnancy and labor. We report a case of incidentally diagnosed velamentous cord insertion

CASE REPORT

A 23 yrs Primigravida with 38 weeks of gestation came to labor room in spontaneous labor. On examination uterus term size, vertex presentation with moderate contractions and fetal heart of 144/min. On vaginal examination, cervix was 4 cm dilated, 40% effaced, station at -1 with intact membranes. She was being monitored and amniotomy was done. After amniotomy, there were persistent decelerations in the fetal heart. As the patient was remote for vaginal delivery (cervix 6 cm dilated) in view of same she was taken for LSCS. On preoperative findings, there was velamentous insertion of placental cord in the membranes, around 4 cm of cord traversing through the membranes and some part of vessels were lying in the lower uterine segment although unruptured. Postoperative period was uneventful. Mother and baby discharged on 5th day



Velamentous attachment

CONCLUSIONS

We demonstrated that how careful monitoring of even low risk women is important to avoid the mishap like sudden fetal death. Antenatal sonographic evaluation of placental cord abnormalities should be done in routine practice so that such patients can be strictly monitored during their labour further, improving the perinatal outcome

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