



Contribution ID: 25

Type: Poster

## Atypical case of placental abruption in COVID 19

### ABSTRACT

**BACKGROUND :** Placental abruption is defined as premature separation of normally implanted placenta resulting into hemorrhage in decidua basalis. It is usually a complication of third trimester of pregnancy. It affects about 1% of pregnancy. Couvelaire uterus is a rare and non fatal condition result in extravasation of blood into the uterine musculature and surrounding tissue. The incidence of Couvelaire uterus is reported to be 16.8% in cases with abruption.

**CASE REPORT:** a 24Yr G2P1L1 has been admitted at 23 weeks of gestation with history of fever, cold, cough since 1week and abdominal pain and vaginal bleeding for past 4 hours. Her RTPCR was positive, no any high risk seen. Her BP was 130/80mmhg, PR was 98/min, UA was nil, On examination marked pallor and pedal edema present b/l chest shows basal crepts spo2 92%in room air, 98%(o2) Obstetric examination, uterus was tense, tender, 24week size cephalic presentation. FHR not localized, ON PS- dark colored Bleed present Intraoperatively, uterus was dark port wine in color appears like stained with methylene blue dye COUVELAIRE UTERUS which is a rare entity was seen

**DISCUSSION:** Couvelaire uterus is a severe form of concealed abruption which is rarely seen at 23 week of gestation with no recognised high risk factors such as hypertension and thrombophilia, associated with COVID 19 infection. COVID may result in placental abnormalities like fetomaternal vascular malperfusion. Covid19 placenta shows increased prevalence of decidual arteriopathy, abnormalities in oxygenation within intervillous space associated with adverse perinatal outcome.

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