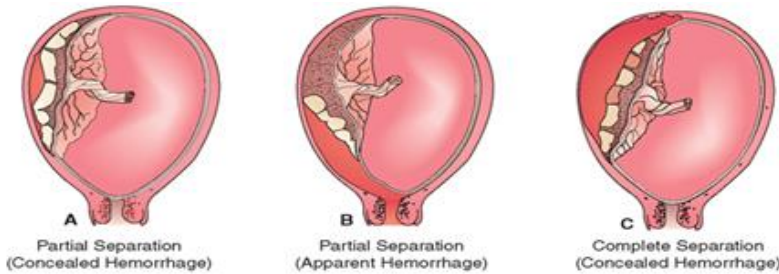


ATYPICAL CASE OF PLACENTAL ABRUPTION IN COVID19

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INTRODUCTION: 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. Causes of abruption are: Hypertension, trauma, prior abruption, short cord, placental anomaly, folic acid deficiency, torsion of uterus, thrombophilia.



CASE SUMMARY: 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 premonitory symptoms present, no h/o fall, Her BP was **130/80mmhg**, PR was 98/min, On examination **pallor present** and pedal edema present B/L chest shows basal crepts spo2 92%in room air, 98%(o2)

Obstetric examination: Uterus was tense, tender, fundal height corresponding to 24week size with single fetus in cephalic presentation. FHR not appreciated, SFH was 28cm, ON PS- **dark colored Bleed present**

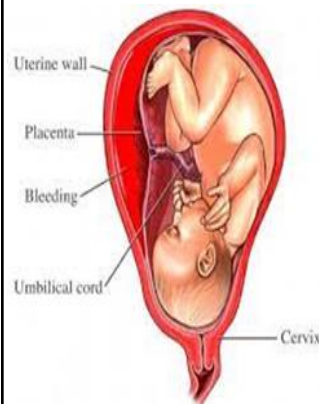


URGENT USG was done which shows: Retroplacental clot OR Subchorionic bleed

MANAGEMENT: Blood products were arranged, catheterization done, induction was done according to FIGO regime, But due to failure of Induction well documented, Immediately patient was prepared for Hysterotomy and shifted to OT.

INTRAOP FINDINGS: Hysterotomy/MCH/1.5KG/ APGAR 0,0(IND-APH with failure of induction) UTERUS was dark port wine in color appears like stained with methylene blue dye

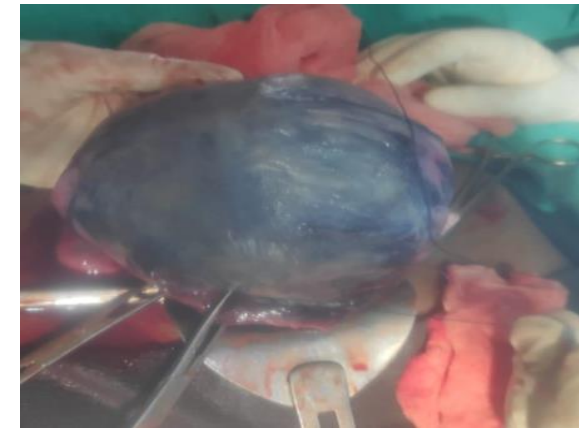
COUVELAIRE UTERUS(also known as uteroplacental apoplexy)a severe form of concealed abruption, 2 fistful clots removed Sample sent for histopath



DISCUSSION. Points peculiar to this case are-

1. Couvelaire uterus is a severe form of concealed abruption which is generally seen in third trimester here it is seen at 23 week of gestation with no discernable cause such as hypertension, thrombophilia or trauma therefore SARS was responsible for abruption.
2. COVID may result in placental abnormalities like fetomaternal vascular malperfusion and decidual arteriopathy result in abnormalities in oxygenation within intervillous space leading to abruption.
3. In our case patient received maximum recommended dose of misoprostol with no discernable cervical dilation. As the cervix was closed artificial rupture of membrane was not possible. To avoid maternal deterioration we were faced with no other option than hysterotomy.

Case was well managed and patient was discharged in good condition



REFERENCE

1. PREGNANT WOMEN WITH COVID 19 am j clin pathol. 2020jun;154(1)
2. American journal of clinical pathology 154(1):23-32
3. Sylvester HC Stringer M. BMJ Case rep 2017.doi:10.1136/bcr-2016-218349.