

Successful pregnancy Outcome in Pregnancy with severe placental insufficiency and IUGR.

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A CASE REPORT

29 years old primigravida married for 1 yr.BMI 21.4 before conception. **Booked at 25 weeks and 6 days of gestation with ultrasound report showing severe symmetrical IUGR with uteroplacental insufficiency along with the following parameters:AFI = 4.8cm Umbilical artery PI = 1.31 S.D ratio= 4.35(Upper normal range for that gestational age was 4.0).Right uterine artery PI =2.06 .S.D ratio= 5.52.Left uterine artery PI = 1.11 .S.D ratio = 2.59.A diastolic notch was visualized in the waveform of both uterine arteries.EFBW was less than 3rd centile .**

She was then admitted for fetomaternal monitoring and conservative management was done. She was given inj Aminovel 600 for 4 days along with IV hydration. Inj Clexane 40mg OD was given . The dose was started at 40mg and was slowly increased upto 80mg OD. Tab Loprin was also started at 75mg BD. Tab Anifed R was given at 10mg BD dose.The patient was discharged on Inj Clexane, Tab Loprin, Anifed R, CQ-10 100mg and Tonics. She was also advised to increased her oral intake of fluids. She was also advised to increase her oral intake of fluids.The patient was then managed on OPD basis and was called for weekly visits.

At 28 weeks of gestation she presented with BP of 140/90 after which Tab.Methyldopa 250mg BD was started.With this management her ultrasound report showed improvement by 28 weeks of gestation. Her AFI had increased to 10.75cm. The scan still shows uteroplacental insufficiency at this point. Right uterine artery showed elevated RI and SD ratio with B/L early diastolic notching. whereas, umbilical artery showed normal S/D ratio and spectral waveform.Further improvement was seen at the **30 week** scan. Her AFI was 16cm and no resistance to umbilical artery flow was seen. B/L uterine artery also showed normal RIs. BPP was 10/10. There was thickened placental bulk and premature placental calcification. The fetal parameters were lagging behind by 4-5 weeks.steroid cover completed at **32weeks** of gestation.

The scan report **at 36 weeks** then showed a reduced AFI of 6cm. Increased S/D ratio of 3.9 (suggestive of placental insufficiency- IUGR). BPP was **9/10.Patient was then admitted for EmLSCS . female baby of 1.33kg having Apgar score of 8 and 9, with good cry and no gross anomaly delivered.** The placenta was sent for histopathology and its report showed no placental infarcts and pathology.

Discussion

29 year old primigravida presented with severe placental insufficiency and oligohydramnios had been offered termination of pregnancy at 25 weeks of gestation. The maternal hydration and volume expansion along with loprin and clexane resulted in increase of the amniotic fluid volume and uteroplacental perfusion in an IUGR fetus. Hydration was also associated with an improvement in uterine artery PI.so,combination of all the management can help the patients in saving the life of their babies.

Conclusion:

Uteroplacental insufficiency along with IUGR and OLIGOHYDRAMNIOS is one of the most common complications during the pregnancy which can cause fetal mortality and morbidity and offered terminations of pregnancies by many obstetricians if it is diagnosed in 2nd trimester or early 3rd trimester. But if it is diagnosed in early stage and managed properly we can reduce the fetal terminations and the psychological trauma of the couples as in my case.i have managed lot of cases on the same regime and finally reported this case .

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