

A case report on atypical presentation of Placental abruption

Dr Fatema Zohora(SHO), Dr Mohammad Hamid(Reg), Mr Andrew Mukherjee(Cons) , Miss Srabani Mukherjee(Cons)



Antepartum haemorrhage (APH) is defined as bleeding from or in to the genital tract, occurring from 24+0 weeks of pregnancy and prior to the birth of the baby. The most important causes of APH are placenta praevia and placental abruption

APH complicates 3–5% of pregnancies and is a leading cause of perinatal and maternal mortality worldwide.

Objectives:

This case report describes an atypical presentation of placental abruption in a 36-year-old lady expecting her second baby as 35+2 weeks of gestation. The significance of this report lies in the unusual presentation and prompt management that led to good maternal and foetal outcomes emphasizing need of careful monitoring in cases of ante-partum haemorrhage.

Case report: The patient is para 1, at 35+2 weeks, low risk pregnancy, previous normal delivery, updated normal cervical smears, non-smoker otherwise medically fit and well. She presented to Day assessment unit with one episode of post coital minimal vaginal spotting with mild lower abdominal pain. Initial assessment revealed stable vital signs, reassuring cardiotocography (CTG) with only minimal uterine activity noted. Abdominal examination revealed irregular palpable contractions with no tenderness or rigidity. Speculum examination showed closed cervix with no active vaginal bleeding and no cervical or vaginal trauma. Hence, she was admitted to the antenatal ward as a case of ante-partum haemorrhage with plan of regular observation. The patient's condition deteriorated quickly within two hours with onset of fresh vaginal bleeding increasing abdominal pain and tenderness leading to presumptive diagnosis of placental abruption and emergency caesarean section.

Intra operatively 500 ml retro placental blood clots were found validating the diagnosis of placental abruption. Both mother and baby had good outcomes where patient was discharged home on day 3 in a good condition.

Discussion:

This case highlights the challenges in diagnosing placental abruption specially in atypical presentation. The importance of monitoring and reassessment in woman presenting with ambiguous ante-partum haemorrhage symptoms. Also raises awareness regarding potential rapid clinical changes and importance of timely intervention.

Conclusion:

This case illustrates the need of high suspicion for placental abruption in women with ante-partum haemorrhage regardless of the initial presenting symptoms. Future research should focus on developing guideline for managing such cases to improve maternal and foetal outcomes. More training needed for obstetrician and trainees to prepare them for dealing with such unusual obstetric emergencies.

Reference:Antepartum Haemorrhage
(Green-top Guideline No. 63)