

Missed Diagnosis of Vasa Praevia Leading to Postnatal Discovery: A Case Report

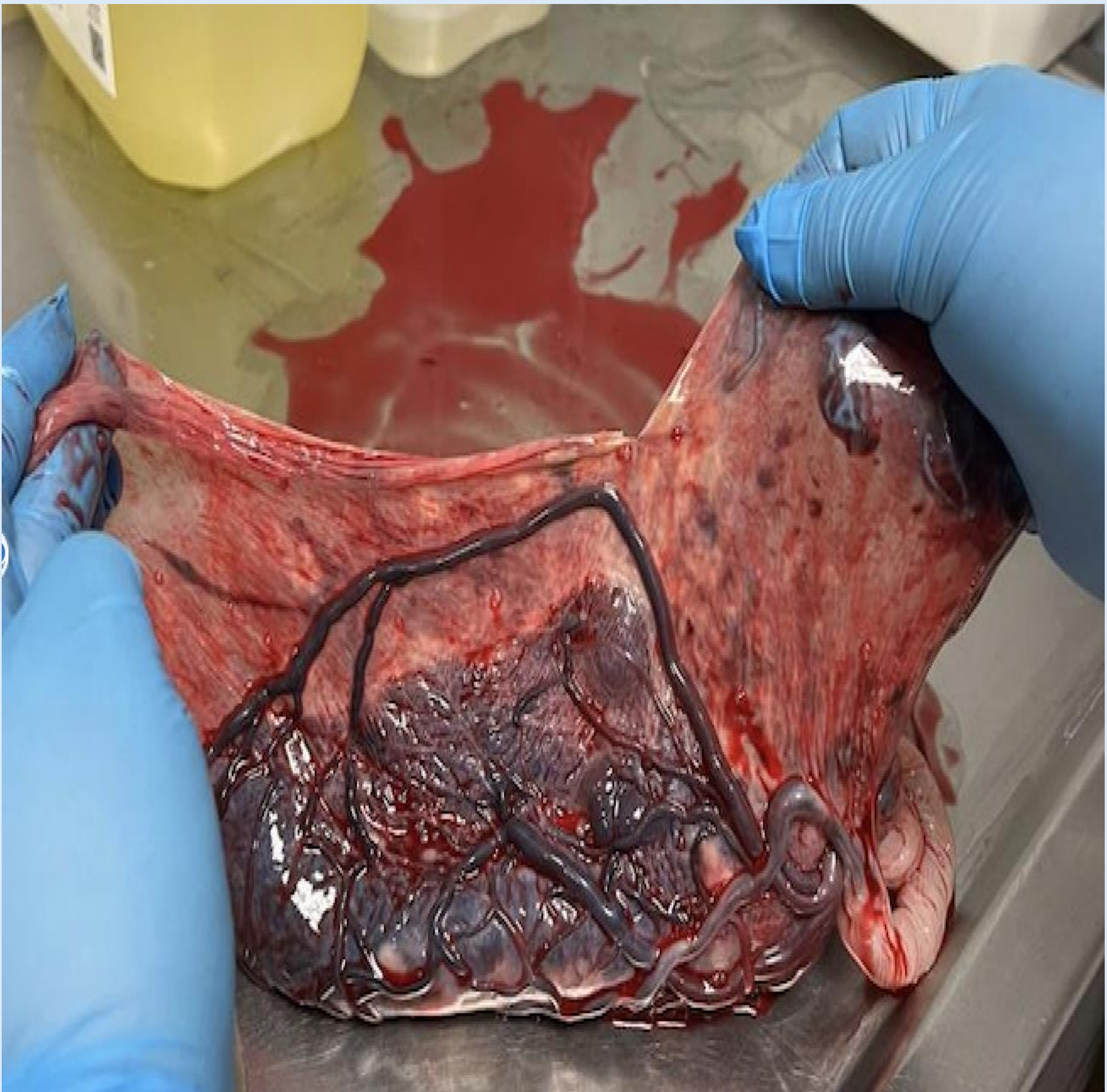
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BACKGROUND

- Vasa praevia is a rare and critical obstetric condition characterised by a significant risk of foetal morbidity and mortality.
- Failure to promptly diagnose and appropriately manage this condition can result in grave complications, such as foetal brain injury and maternal morbidity.
- Vasa praevia arises when foetal blood vessels remain exposed without the protective covering of umbilical cord or placental tissue.
- There is a substantial risk of vessel rupture, leading to foetal haemorrhage and potentially fatal outcomes.
- Identified risk factors for vasa praevia include a low-lying placenta, bilobed or succenturiate placenta, velamentous umbilical cord insertion and multiple gestations.
- Antenatal diagnosis through ultrasound screening, followed by planned caesarean section, significantly enhances survival rates in vasa praevia cases.

CASE REPORT

- We present a case of a 40-year-old lady, G7P5 , with type 1 vasa previa and velamentous insertion umbilical cord in a monochorionic diamniotic twin pregnancy .
- The vasa praevia was diagnosed postnatally with favourable foetal outcomes for both babies.
- Antenatally, during anatomy scan and regular serial ultrasounds ,the velamentous insertion of umbilical cord and vasa praevia remained unrecognised.
- At 33 weeks 5 days of gestation, the patient presented to maternity triage due to significant antepartum haemorrhage and painless tightening.
- An emergency category 1 caesarean section was performed due to abnormal cardiotocography findings for twin 1.
- Both babies were delivered in good condition, with the placenta observed in the posterior wall and lower uterine segment, revealing velamentous cord insertion upon examination.
- Pathological evaluation confirmed the presence of velamentous cord insertion with the exposed intramembranous blood vessels being intact.



DISCUSSION

- This case underscores the challenges in diagnosing vasa praevia antenatally even with comprehensive ultrasound evaluations, emphasizing the potential for false- negative results, especially in doppler flow examinations.
- Clinical presentation may be delayed or nonspecific, warranting a high index of suspicion to prevent complications and reduce foetal morbidity and mortality in cases of undiagnosed vasa praevia.
- Prompt delivery by emergency caesarean section or assisted vaginal delivery route upon evidence of foetal compromise is crucial, as attempting to confirm the diagnosis through scanning may jeopardise foetal well-being due to anticipated brisk foetal blood loss.

CONCLUSION

- While universal screening for vasa praevia lacks robust evidence support currently targeted mid-pregnancy ultrasound screening in high-risk pregnancies could be invaluable to significantly improve outcomes.
- Future research should explore the balance of benefits and potential harms associated with such targeted screening to establish clearer guidelines for clinical practice.

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