AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years – Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

Poster Number: **EP 141** Name: **Dr. LAKSHMI K.S**

Title: DISSEMINATED INTRAVASCULAR COAGULATION IN THE THIRD TRIMESTER FOLLOWING INTRAUTERINE FETAL DEMISE – MATERNAL NEAR MISS : CASE REPORT

INTRODUCTION

Disseminated intravascular coagulation is a life-threatening event that is the end point of a pathologically activated cascade leading to excessive consumption of platelets culminating in bleeding. Several diseases are known to be associated with DIC, some of which may occur during pregnancy and puerperium. One of the potential trigger for DIC is the retention of a highly macerated foetus after Intrauterine fetal demise.

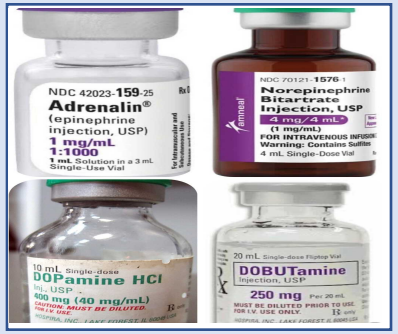
CASE REPORT

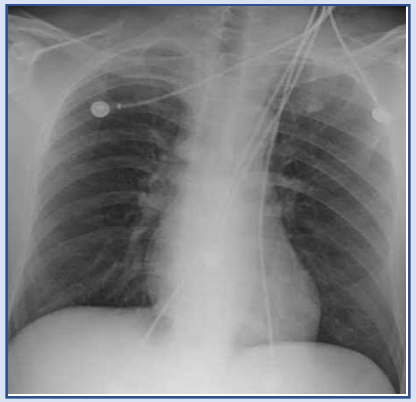
A 27 year old female with diagnosis of G4P3L3 with 33 weeks of gestation with cephalic presentation with previous 2 LSCS with Intrauterine fetal demise was admitted. Patient was induced and delivered vaginally. Approximately 2 hours following delivery , there was significant vaginal bleeding . Uterus was well contracted and there were no cervical or vaginal tears. Bleeding could not be stopped with medical and mechanical line of management. Patient became hemodynamically unstable and went into hypovolemic shock. Patient was shifted to operation theatre with inotrope support and blood transfusion on flow. Exploratory laparotomy was carried out but source of bleeding could not be found. Diagnosis of DIC was made because of deranged coagulation profile.

Hb – 5.6g%, Platelet –70,000, Tc – 13000, S.creatinine – 3.9, D-dimer - >5000, LDH-8011, deranged PT/INR and LFTs.

INTERVENTION

Massive blood transfusion protocol was initiated and around 3500 ml volume of blood and blood products were transfused over 24 hours. Peripheral pulsations were not felt for 12 hours and patient was put on 4 inotropes. Patient was on mechanical ventilator and inotrope support for 72 hours and anuria for 3 days. She underwent 5 cycles of hemodialysis. The patient recovered gradually and was discharged after complete recovery.





DISCUSSION

The diagnosis of DIC can be elusive during pregnancy and requires vigilance and knowledge about physiological changes during pregnancy. Early recognition of Disseminated intravascular coagulation is critical for management. Diagnosis often occurs simultaneously with treatment , particularly if there is concurrent hemorrhage , shock or intrauterine fetal demise. In less fulminant cases, laboratory results will reveal prolonged PTT, PT/INR, thrombocytopenia, elevated D-dimer and low fibrinogen levels.

CONCLUSION

The management of DIC during pregnancy requires a prompt attention to the underlying condition leading to this complication, including quick delivery or termination of pregnancy and correction of the hemostatic problem with blood transfusion, including early administration of fresh frozen plasma, cryoprecipitate, platelets and packed red blood cells.

REFERENCES

1.Belfort, Michael. 2022a. "UpToDate." January 2,2022. https://www.uptodate.com/contents/disseminatedintravascularcoagulation(DIC)duringpregnancy-clinical-findings-ethology

2. Callaghan, W.M.,A.A. Creanga, and W.E.V. Kuklina. 2021. " Severe Maternal morbidity among delivery and postpartum hospitalisations in the United States ." Obste Gynecol, 120 - 1029.