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Recurrent Abruptio Placentae in a case of chronic hypertension with superimposed preeclampsia– could it have been prevented?

EP 211

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INTRODUCTION

- Placental abruption - serious cause of maternal and fetal morbidity and mortality
- Risk of recurrence after a 1st episode is 4–12%, and increases to 25% after two episodes (1).

CASE

- 27 years G3P1L1A1 with chronic hypertension on T. Labetolol 100mg BD at 35+2 weeks
- complaints of decreased perception of fetal movements and pain abdomen for 24 hours
- 1st pregnancy - uneventful
- 2nd pregnancy complicated by early onset severe pre-eclampsia with REDF at 23+2 weeks warranting termination of pregnancy - expelled 490 gm fetus with 100 gm retroplacental clots and received blood transfusion

EXAMINATION

- BP 118/80 mmHg
- Uterus was tense tender and term size
- Fetal heart sound was not audible

INVESTIGATIONS

Urine protein 3+

Hb 7.6g/dL	Platelet 76000/uL
INR 1.8	LDH: 396 units/l
D-dimer: 9.8 g/l	Fibrinogen: 587 mg/dl

MANAGEMENT

- USG : IUD with retroplacental clots indicative of abruptio placenta
- Patient started on Magnesium sulphate.
- ARM - blood stained liquor
- Received blood and FFP transfusion.
- Patient progressed and expelled a still born baby and 110 grams of retroplacental clots
- Mild uterine atonicity was medically managed

CONCLUSION

- Recurrent placental abruption - important to rule out other underlying causes like autoimmune etiology
- Daily Aspirin initiated at < 16 weeks may decrease risk (2).

DISCUSSION

- Obstetricians should have a high index of clinical suspicion in patients with past history of placental abruption
- In subsequent pregnancy, close monitoring should be done for clinical signs
- Modifiable risk factors such as cigarette smoking and drug use are ideally addressed preconceptionally.

REFERENCES

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