

Manual Peripartum Hysterectomy: A Rare Case

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ABSTRACT

Peripartum hysterectomy may be performed as an emergency to save the life of a woman with persistent bleeding, or as planned procedure, often in conjunction with cesarean section. Here, we report a rare case in which uterus was removed manually.

Keywords: Peripartum hysterectomy, Morbid adherent placenta, Postpartum Hemorrhage.

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INTRODUCTION

Emergency peripartum hysterectomy is one of the life saving procedure performed after vaginal delivery or cesarean birth or in the immediate postpartum period in cases of intractable hemorrhage due to uterine atony, rupture uterus and placental disorders and it is usually reserved for the situations where conservative measures fail to control the hemorrhage.¹ We want to share a rare case in which uterus was removed manually.

CASE REPORT

A 27-year-old, multiparous (P6 + 0) women was admitted to JNMC and hospital emergency with complaints of bleeding per vaginum since 2 hours. She had delivered a live female baby at home by untrained birth attendant. There was history of difficulty in delivering the placenta which was removed manually by birth attendant. On admission she was in shock, pulse rate –124/min, BP-86 systolic. Uterus was not felt abdominally. As she was bleeding profusely, resuscitation was started, blood was arranged and she was taken up for laparotomy. On peroperative finding, there was no uterus, right sided tube and ovary were also absent. Left sided tube and ovary were present in tethered form and bleeding. Peritoneum was ragged. There was no bladder, intestinal or any other injury. Both sided ovarian and uterine were identified and ligated. Vaginal vault and peritoneum were closed. Three units of blood were transfused. She did well and was discharged in good condition on 10th postoperative day.

The case must have had morbidly adherent placenta, to which birth attendant would have tried to remove manually

with force. On interrogation, she was totally ignorant. These types of practices are very rare, but still happening.

DISCUSSION

Almost similar case was reported in Munro Kerr's,² but it was associated with intestinal injury; colostomy was performed. Fortunately, our case was not associated with intestinal or any other injury.

Morbidly adherent placenta is a life-threatening complication of pregnancy. According to the American College of Obstetrics and Gynecology, its incidence is 1:2500 per delivery.³ It has risen to 10-fold in the past 50 years because of increasing cesarean section rate.³ The maternal risk appears to occur at the time of placental separation resulting in severe hemorrhage, disseminated intravascular coagulation (DIC), massive blood transfusion requirement, need for intensive care, hysterectomy and occasionally maternal death.⁴⁻⁶

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