



RARE CASE OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PROM) AT 19 WEEKS OF GESTATION CONSERVED TILL 37 WEEKS OF GESTATION RESULTED IN SUCCESSFUL NEONATAL OUTCOME

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KEYWORDS :

INTRODUCTION:

Premature rupture of membranes (PROM) is the rupture of gestational membranes prior to the onset of labor. When membrane rupture occurs before 37 weeks of gestation, it is referred to as preterm PROM (PPROM). There is a wide array of mechanisms that cause prelabor rupture of membranes. It can result from a physiologic weakening of the membranes combined with the forces caused by uterine contractions. Intramniotic infection is commonly associated with PPROM (1). We present a rare case of pregnancy complicated by PPROM at 19 weeks which resulted in a term delivery and a good neonatal outcome.

Case Report:

A 34 years old female (G₃P₁L₁A₀), previous full term previous vacuum delivery 6 years back and previous one spontaneous abortion 2 years back came with (TIFFA Scan report) (Target Scan Report) Ana moly scan report, showing Short Cervical length 10-11 mm and funnelling of cervix without any complaints.

Silent cervical Incompetence at 19-20 weeks of Gestation, with estimated fetal weight 316 ± 46 gm. We admitted her at private hospital in Pune city. Given her head Low and supportive medicines, progesterone and antibiotics. But without uterine Activity or contractions or pains she started active leak, immediately next day of admission. We continued same treatment, antibiotics and progesterone support and given her Amnio seal (Amnio seal Capsules is a dietary supplement designed for the management of Ante Natal with Preterm Premature Rupture of Membrane). and we did sequential ultrasounds. standard treatment given prior to cervical cerclage included Tablet Amnioseal 4 tablets stat (2-2-2) for 7 Days, head Low, Antibiotics, Inj. Hermin and Inj. Dextrose 5% All Day x 7 Days. Ultrasound scan was done on daily grounds. CBC, CRP daily.

After admission on Day 7th when we have seen no active leak for 2 days and liquor is adequate. We have given Cervical cerclage by McDonald's procedure (knot anteriorly) which is indicated for cases of premature cervical dilatation without labour. Supportive medicines were given (started post-operatively). Her laboratory parameters were within normal range.

After 4 Days post-operative when she has no leak for almost 5-6 Days. We took a decision to discharge her patient. We have given her instructions for emergency care.

After discharge she took injectable progesterone (Hydroxy progesterone Acetate) progestin depot (500) weekly once and on discharge we gave her. Standard line of treatment continued. We did ultrasound scan after 2 weeks. Estimated fetal weight (EFW) increased to 517 ± 10%. Gestational age of 22 weeks, cervical length was 1.6 cm, mild cervical funnelling was seen. No leak was observed and liquor was adequate. We tapered the medicines of progesterone and continued whole

treatment for 1 Month. After one month that is at 26 weeks estimated fetal weight (EFW) increased to 946 ± 10% gm. Liquor was adequate. Cervical funnelling and length was reduced. Again after 1 Month that is at 30 weeks estimated fetal weight (EFW) increased to 1932 ± 10% gm. Cervical length was 1.9-2 cm. Liquor was adequate.

At 37 weeks, she started with mild pain, we did full terms vaginal delivery at 37 weeks. We cut the suture (cervical stitch). Healthy male baby weighing 2.78kg was delivered. Baby cried immediately and has no signs of any distress/Malformations and very active.

CONCLUSION:

This rare case report of pregnancy complicated by PPROM at 20 weeks which resulted in a term delivery and a good neonatal outcome. To conclude with standard medical as well as surgical management, regular follow-up and patient education good outcome can be achieved.

REFERENCES:

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