ORIGINAL RESEARCH PAPER

Gynecology

KEY WORDS: Postpartum haemorrhage, placenta previa, multiparity, cesarean section, adherent placenta, peripartum hysterectomy.

STUDY ON EMERGENCY PERIPARTUM HYSTERECTOMY AT TERTIARY CARE HOSPITAL

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INTRODUCTION

Emergency peripartum hysterectomy is also called as cesarean hysterectomy or obstetric hysterectomy. Emergency peripartum hysterectomy although relatively infrequent in present day obstetrics, is a life saving procedure in the event of massive postpartum haemorrhage. Over all incidence of peripartum hysterectomy is 1 in 350 to 1 in 7000 deliveries and associated maternal death ranges from 0% to 30%. Higher incidence and mortality rates tend occur in regions and hospitals with limited resources. In developed countries the incidence of emergency obstetric hysterectomy is about 1 in 2000 to 1 in 4000 deliveries compared with vaginal delivery there is a strong association between cesarean section and emergency hysterectomy. Multiple pregnancies has been shown to have a 2- 8 fold increased risk of hysterectomy near miss mortality in both developed and developing countries. In most cases a last resort life saving procedure. The main reasons for emergency peripartum hysterectomy are abnormal placentation such as placenta previa and adherent placenta. Uterine atony in prolonged labour and chorioamnionitis, other structural and congenital anomalies of uterus and uterine fibroids. Uterine rupture with previous uterine scar, traumatic rupture in obstetric manipulation. Another rare cause of intractable, delayed postpartum haemorrhage is ateriovenous fistula formation secondary to uterine trauma.

AIMS & OBJECTIVES:

To find out the rate, indications risk factors associated with peripartum hysterectomy in tertiary care hospital.

MATERIALS AND METHODS :

It is a prospective study conducted in NRI medical college chinnakakani. This study was conducted from july 2017 to july 2018. During this one year period all the patients who underwent peripartum hysterectomy were included in this study.

RESULTS:

BASED ON THE AGE

AGE	No.of patients	percentage
20 - 25 years	5	83.3%
25 – 30 years	1	16.7%
Total	6	

BASED ON THE INDICATION:

Indications	No. of cases	percentage
Secondary pph	2	33.3
Abnormal placentation	2	33.3
Pseudo aneurysm of uterine artery	2	33.3

BASED ON THE PARITY

PARITY	NO. of cases	percentage
Primi gravida	2	33.4%
multigravida	3	50%
Morethan 3 pregnancies	1	16.6%

Total no. of deliveries during one year period are 2701 of them peripartum hysterectomies were 6. All these cases are unbooked. 4 were associated with previous cesarean section and multiparity . two were having abnormal placenatation. Two are having pseudo aneurysm of uterine artery.

DISCUSSION:

Hysterectomy performed at or following delivery may be life saving if there is severe obstetrical haemorrhage. Most of the procedures are performed to arrest haemorrhage. Major complications of peripartum hysterectomy compared with cesarean delivery are increased blood loss and greater risk of urinary tract damage. In 1 – 4% cases the bladder is inadvertently entered. Even with good technique bladder injury may occur. Important thing is to recognise the injury and repair it at that time, otherwise there is arisk of vesico-vaginal fistula. In two case emergency peripartum hysterectomy was done due to pseudo aneurysm of left uterine artery in one case where uterine artery embolisation was done and failed to sub-total hysterectomy. In second case there is pseudo aneurysm of right uterine artery and emergency hysterectomy done. Pseudo aneurysm is a well known complication of vascular injury. pseudoaneursym is a extra luminal collection of blood with turbulent flow that communicates with following arterial blood, through a defect in arterial wall. When uterine arteries are lacerated or injuried and does not seal completely blood escapes dissect the adjacent tissue and collects in perivascular area. If this collection maintains communication, with the parent vessel , a pseudoaneursym can result. Real time sonography , pulsed Doppler sonography, improves the specificity of the diagnosis by allowing demonstration of arterial like and sometimes turbulent flow within the lumen of false aneurysm. The to and fro Doppler sign is the diagnostic of every pseudoaneursym. An important factor affecting the complication rate is whether the operation is performed electively or emergently. The morbidity rate associated with emergency hysterectomy is substantively increased. Although pelvic vessels are appreciably hypertrophied, hysterectomy usually is aided by the ease of tissue plane development in pregnant women. The uterus is greatly enlarged and all the adjacent pelvic tissues are oedematous and friable. The uterine and collateral vessels are enlarged , engorged and tortuous. The choice between total and subtotal hysterectomy will depend upon the indications for procedure. If the trauma and

bleeding is confined to upper segement there is much to recommend subtotal hysterectomy. Which can be performed more rapidly and with less risk of trauma to ureters and bladder since it may be difficult to define the limits of softened cervix. If cervix and paracolpos are involved then total hysterectomy will be needed to achieve haemostasis. While dissecting the bladder precise sharp dissection is required to free this adherence in case of previous caesarean section.

CONCLUSION:

Peripartum hysterectomy is a near miss event in both developed and developing countries. It has been described as one of the riskiest and most dramatic operations in modern obstetrics , so its prevention is foremost goal in modern obstetrics . Incidence of emergency peripartum hysterectomy can be reduced. If we focus on their etiological factors and try to prevent them by improving infrastructure of rural health centres, timely referral to well – equipped centres. obstetricians well trained to handle emergency, using surgical technique with speed and skill can reduce mortality and morbidity.

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