

a



Ministry of Health Emergency Medical Services ECHO Case Presentation Form

Date: 21ST Jan 2022

Presenter's name: Dr. Byamugisha Joseph

Presenter's location: Kawempe NRH, Kampala

Patient Initials: KJ

Age: 25

Sex: Female

Diagnosis (if known):

25yr P2+0 with primary PPH 2 ° Cervical Tear and Uterine atony with Hypovolemic Hemorrhagic class III Shock and Severe Anemia.

Presenting complaint

Per Vaginal bleeding x 3hrs

History of presenting complaint- Duration and Progress

K.J a 25yr/F P 2+0 referral from Kasangati HC IV 3hrs post SVD, had delivered a live baby girl, BWt 4.0 Kgs AS 9-10 and referred to KNRH for further management. She otherwise presented with a 3hr history of per vaginal bleeding, that started following svd. It was associated with clots,GBW, dizziness, headache and mild confusion with no blurring of vision, no epigastric pain.
No hx of loss of consciousness, convulsions.
Reportedly the placenta and membranes were expelled totally, No Previous history of PPH.

Systems review of the illness:

Unrevealing

Vitals: Height Systolic and Diastolic BPs- 80/55 mmHg Pulse- 141 BMI.	
Disease concerned	General/Other
Primary PPH Complicated with i) Hypovolemic Shock ii) Severe Anemia	<ul style="list-style-type: none">For e.g. Skin, Endo, HEENT, Resp, CV, GI

Significant Medical/Surgical history

She is seronegative for HIV and Syphilis.

No known history of any known chronic illnesses such as hypertension, Diabetes, heart diseases, SCD or any psychiatric illness.

Pst Obx Hx

Delivered the first baby in 2016 by SVD, baby boy Bwt 3.4Kgs

Pst Gyn Hx

Has not had any gynecological operations before

Social history and pertinent family history

Work status: Unemployed	Occupation: Road side business
Education: P.4	Socio-economic class: Low income
Marital status: Married	Lifestyle habits: Non
Relevant health conditions in the close family members	
Reports no any Known Familial Illnesses	

Examination Findings

Airway

Air way was patent and she could easily talk.

No secretions or foreign objects.

Breathing

Breathing was spontaneous with visible normal chest movements. No use of accessory muscles of respiration. No signs of chest or neck trauma.

RR 28bpm SPO₂ was 92-94% on RA.

Bilateral equal air entry on both sides with Broncho vesicular breath sounds, no added abnormal sounds.

Patient given 2L/min of O₂ via nasal prongs to achieve a saturation of 98%.

Circulation

Cold extremities, Capillary refill 3s
Pulse Tachycardic, thread and weak, regular PR-141 with no radial radial or radial femoral delay.
No cyanosis, no distended neck veins
BP-80/55 mmHg
Normoactive precordium, Heart Sounds I and II heard and normal without any added abnormal sounds.

Disability

GCS 13/15

E-4 V-4 M-5

PEARL, No neck trauma or tenderness.

Exposure

Patient's clothings were soiled with fresh blood, and noted a blood soiled pad.

VE: Intact Vulva and Vagina, soiled with blood, vaginal gauze pack soiled with blood, Active pv bleeding, cervix felt rugged and speculum examination revealed bleeding from the cervix. Vaginal fornices non bulging.

Did Bimanual Uterine Compression and Made decision and cervix Clumped with Armitages.

Vital Signs;

Blood Pressure: 80/55mmHg

Pulse rate: 141 bpm

SPO2: 94% on RA

Temperature: 36.6 deg

Respiratory rate: 28bpm

Relevant Systemic Examination

General Exam

Sick looking young lady, mild respiratory distress, slightly confused, sleepy but arousable with severe pallor, no jaundice, no limb oedema and afebrile T 36.6

Central Nervous System

Sleepy but arousable, GCS 13/15 E-4 M-5 V-4,

PEARL, No Neck Stiffness, Negative Kerning

No FNDs or Nerve palsies

Cardiovascular System

Cold extremities, Capillary refill 3s

Pulse tachycardic, thready and weak, regular, PR-141bpm with no radial-radial or radial-femoral delay.

No cyanosis, no distended neck veins

BP-80/55 mmHg

Normative precordium, Heart Sounds I and II heard and normal without any added abnormal sounds.

Per Abdomen

Mildly distended, moving well with respiration FH-22/40, Poorly contracted Uterus.

Mild tenderness on palpation

Resonant percussion note including the flanks

Musculoskeletal

No deformities

No abnormal movements

Normal muscle tone and bulk with slightly reduced power.

Case Summary

K.J a 25yr/F P 2+0 referral from Kasangati HC IV 3hrs post SVD, presented with a 3hr history of per vaginal bleeding, associated with clots that started following SVD. It was associated with GBW, dizziness, headache and mild confusion with no blurring of vision, Loss of consciousness or Convulsions.

Imp:

25yr P2+0 with primary PPH 2° Cervical Tear and Uterine atony with Hypovolemic Hemorrhagic class III Shock and Severe Anemia.

Focused investigation (*list and attach pertinent labs*)

Current Labs			
Test	Result	Reference range	Comments/Interpretation
Blood grouping and Matching	O+ve		
For e.g. HIV			
For e.g. IGRA			
For e.g. TSH			
Imaging/ Special investigations			
Test		Salient findings	
For e.g. MRI			

Management Plan

- i) IV access large bore cannulae IV fluids N/S 2L stat
- ii) Do CBC Blood grouping and Matching, Transfuse with 3 Units of WB.
- iii) IV Oxytocin 20IU Slow Infusion stat.
- iv) Rectal Misoprostol 800mcg stat.
- v) IV tranexamic acid 1g stat.
- vi) EUA in theatre and cervical tear repair.
- vii) Insert Catheter
- viii) IV Cef 2g stat

Follow up in theatre

Under Anaesthesia + Lithotomy Position-Cervical tear at 6 O' Clock position, repaired using Vicryl 2/0 but with continued bleeding from the cervical Os irrespective of the drugs.

Decision was made to do an Ex Lap to find and intact poorly contracted uterus.

Attempted B Lynch suture without success in achieving Haemostasis and a STAH was done.

Received 2 units of PRBCs and 1 unit of Whole blood intraoperatively.

EBL was about 1.5L

Post Op vitals

BP-89/ 56mmHg, P-128 bpm RR-20 T-36.8 Deg

Patient admitted to HDU on

IV antibiotics, Analgesia, Iv Fluids, IV Iron sucrose and to transfuse with 2 units of Whole blood while monitoring vitals.

Follow up on the initial CBC and do Post T Hb(8.9)

Patient was then transferred to HR then post-natal ward and Discharged on post admission day 5 with D/C BPs: 123/79 mmHg, PR: 82bpm