

Case Presentation

Vaginal Bleeding in Pregnancy

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Obs/Gyn Resident - Muk
Year III

History.

N.T, 28 year, G3P2+0

P/C;

- Per Vaginal Bleeding
- Lower abdominal Pain
- Dizziness

LNMP; NSOD

Primary survey

Airway and C-spine	In obvious respiratory distress Able to talk and support his neck	
Breathing	RR-28bpm, SP02-95% (RA) Chest symmetrically moving on respiration, Normal breath sounds bilaterally	

Circulation	Cold extremities Tachycardia 138bpm, weak thread pulse BP 86/54mmHg	Double large bore IV access IV fluids 1.5l N/s
Disability	GCS-E-4,V-5,M-6=15/15 PEARL soft neck non tender	

Exposure	Moderate Abdominal distension, marked tenderness with guarding. Cervical Os closed, cervical motion tenderness	
E-FAST	Echogenic fluid in peritoneal cavity deepest pool 57mm. Well defined gestation sac with live embryo at 8 Weeks.	Planned for Emergency Ex. Lap Catheterization Informed consent IV ceftriaxone 2g stat CBC, Grp + Xmatch, book 2 units of blood.

Further History

HPC;

Sudden onset of vaginal bleeding and LAP

Bleeding was mild

LAP was mild at onset, worsened over time.

No fevers, normal bowel and micturition habits.

Later developed GBW, dizziness and palpitations

No history of trauma

Declined attempts to terminate pregnancy

History Cont'd

ROS; Unremarkable

Past Gyn/Obs;

No significant Gyn history

Delivered by SVD, term pregnancies, no Obs complication.

Past Medical/Surgical; Unremarkable

FSH;

No familial bleeding disorders, or any other chronic illnesses, No illicit drug use.

Problem List

- Shock
- Severe Anemia

Surgical findings

- Massive Hemoperitoneum ~ 1000mls with large clots
- Ruptured left cornual ectopic pregnancy

Did

Wedge resection with left salpingectomy - Hemostasis achieved.

Expelled clots

Closed abdomen in layers

Transfused with 2 units of WB

Patient admitted to ward for postoperative care

Follow up

POD 1

- Patient stable, pain well controlled
- Ambulant from her bed, started oral fluid intake
- Adequate urine output.
- Received I.V fluids 2.5l in 20hours
- Transfused with 1 unit of WB
- Receiving parenteral antibiotics and analgesia

Still on ward for continued post Op care.

I THANK YOU ALL

Q&A