

A retained dead fetus for eight years in a didelphys uterus

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Case report: A case report of 32 years female with 3 childrens and a retained dead fetus for eight years in a didelphys uterus is discussed as a case report

Key words: Didelphys uterus, dead fetus, coagulopathy

Introduction

The death of the fetus at any stage of pregnancy is a tragic event. On 5th November, 1817, Princess Charlotte of Wales had laboured for 26 hours in the first stage and for 15 hours in the second stage when the uterine discharge became a dark green color. It was then suspected that the child might be in a state of suspended animation¹. The suspicion was of interest because auscultation of the fetal heart was only described in the subsequent year. The delivery of a stillborn infant after 50 hours, followed by maternal death and the later suicide of croft, the accoucheur is a well described tale.

Three potential problems are associated in relation to the dead foetus, they are infection, maternal distress and coagulopathy.

In 1950 Weiner et al described the development of coagulation system changes in immunized Rh-negative women carrying dead fetus. Death of the fetus rather than isoimmunization was subsequently identified as the significant factor. Coagulopathy only seems to occur after 16 weeks gestation and in general only when the dead fetus has retained in utero for more than 4 weeks².

Case history:

A 32 years lady from Ramechhap presented in emergency with the complaints of abdominal swelling for 8 years, missed period for two months, high grade fever and abdominal pain for 15 days.

Eight years back patient had history of amenorrhea for nine months with all signs and symptoms of pregnancy including fetal movements. After which she had loss of fetal movements and roagation of signs and symptoms of pregnancy including abdominal girth, which decreased to some extent. But she did not attend to any doctor for these complain.

After this event she had three full term pregnancies with normal vaginal deliveries at home. Her last child birth was 2 years back. For last 2 months she did not have menstruation and noticed that the abdominal swelling is increased with pain abdomen. Patient consulted local doctor who asked her to have an ultrasonogram and for which ulterasonogram she came to Tribhuvan University Teaching Hospital. Ultrasonogram showed dead fetus in uterine cavity with Spalding sign, compressed vertebral collapsed long bones. To the left of the dead fetus there is a uterus with empty cavity. Sonologist's impression was intrauterine fetal death with uterine didelphys.

Patient was then referred to the gynaecologist. There was no history of bleeding from gums, nose, vagina and rectum.

Regarding gynaecological history patient had menarche at 14 years; her previous cycles were regular 3-4/30 days. She was married for 9 years and never practiced contraception.

Past medical and surgical history was not significant.

Patient belonged to low socioeconomic group, illiterate, living in a joint family. She was smoker but not alcohol consumer.

On examination, she was ill looking, pale and febrile (103°F). Her Pulse was 106 minutes regular, BP measured 100/60 minutes of Hg.

Cardiovascular, respiratory system was normal. Abdomen was protuberant, tense with a pouting pus point at the umbilicus. There was generalized tenderness over the abdomen, due to which it could not be palpated properly.

External genatelia were normal looking. Foul smelling Pus like discharge was seen in vagina; while cervix looked normal. Bimanual examination could not be done properly due to tenderness.

Regarding her investigations haemoglobin was 9.5 gm%, WBC 14000/cmm, ESR 22mm/hr, platelet count 123000/cmm, renal function test, electrolyte, plasma fibrinogen, fibrin degradation products, bleeding time, clotting time, and prothrombin time was within normal range.

Emergency laparotomy was done. Operative findings were: there was abdominal wall abscess which was communicating to uterine cavity. This uterus contained bones of dead fetus, plenty of black colored coal like material and about a litter of pus. This uterus had pinpoint hole at the place of endocervical canal. Tubes and ovaries on this uterus could not be identified as this uterus densely adherent with abdominal wall and fundus and left cornua of this uterus was fused with abdominal wall abscess. To the left of this uterus there was another uterus with normal tube and ovary. This uterus had normal cervix. Sub total hysterectomy of the right uterus was done leaving behind uterus tube and ovary.

One pint of whole blood transfusion was done during operation. Operative postoperative periods were uneventful. Fever subsided after operation. Patient discharged on 14th postoperative day after stitch removal.

Bone aging was done in the department of Anatomy; by biparietal diameter it corresponded to 34 weeks of gestation. Unfortunately no method is known which could determine whether the bones are eight years old or not?

Discussion

Three potential problems are associated with retention of dead fetus, these being infection, maternal distress and coagulopathy. Infection involving the dead fetus is a potential risk for which there is a paucity of support in the literature.

As already said coagulopathy only seems to occur after 16 weeks of gestation, and in general only when the dead fetus has been retained in utero for more than 4 weeks^{3,4}. Although a slow decline of the plasma fibrinogen level is the usual feature, have reported abrupt changes over the course of a few days⁵. There may also be elevation of fibrin degradation products (FDP) and a fall in the platelet count, while the prothrombin and partial thromboplastin time may become prolonged. Fibrinogen usually falls at a rate of approximately 50 mg /dl per week, and is unlikely to be associated with an increased bleeding tendency until its level has fallen below 100mg/dl⁶.

The coagulopathy is considered to result from fibrinogen consumption following the release of thromboplastin from the retained product of conception⁴.

In this case there although the dead fetus retained for 8 years there were neither any signs nor symptoms of coagulopathy nor infection before two months. As already mentioned in the result section that there is no definitive method to determine whether the dead fetus in utero was really eight years however the condition of the bones, absence of soft tissue of fetal body and presence of the black coal like material (most probably changed soft tissue suggested that the death of the fetus occurred long time back.

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