

Severe post-coital bleeding in the Second Trimester.

Sir,

A case of massive blood loss following coitus in the second trimester of pregnancy was recently admitted to Hospital Seremban. Prompt resuscitation and hysterectomy with the fetus in utero enabled her life to be saved. In obstetric practice, the threat of massive blood loss should be considered once the patient has lost 1,000-1,500 mls¹.

A 36 year old Gravida 8 Para 6+1 at 24 weeks period of gestation was admitted in the early hours of the morning with profuse vaginal bleeding. This was related to an episode of coitus about 1 hour prior to admission. She did not experience any dyspareunia but felt faint and bled profusely per vagina.

On admission, her blood pressure was 80/60 mmHg., pulse rate 100/min. and prompt resuscitation with intravenous fluids and emergency blood was instituted. The abdomen was soft and non-tender on palpation and the fundal height corresponded to 24 weeks period of gestation. On vaginal examination, large amounts of blood clots and fresh blood (approximately 2,000 mls.) was evacuated. An urgent ultra-sound done showed a single intra-uterine fetus which was already dead and the placenta covering the os.

An emergency laparotomy was done with a view to proceed to a hysterotomy. However, intra-operatively as her blood pressure continued to be persistently low and bleeding per vagina continued a total abdominal hysterectomy was done with the fetus in utero. She lost a total of 3,500 ml. of blood in the hospital and was transfused six units of blood along with four units of Fresh Frozen Plasma. She was discharged well after seven days. The histopathology report confirmed a placenta covering the os and microscopically showed the presence of a placenta accreta.

Coitus related injuries are rare but well documented. The small prepubertal and the atrophic shrunken thin postmenopausal vagina are particularly at risk². Brutality by the male partner is also significant. Other factors include a vaginal vault weakened by irradiation or tumour³.

Although in pregnancy there is an associated increase in the dimension and the distensibility of the vagina, post-coital bleeding during pregnancy can also occur as illustrated in this case. Hysterotomy was not done in this case because of the fear that removal of the products of conception may further increase the bleeding and jeopardise an already compromised patient. The histopathology report of a placenta accreta proved that the decision was a wise one.

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LETTER TO THE EDITOR

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