

"The Tight Vagina": Pregnancies Outcome Post Traumatic Urethrovaginal Stenosis

Anuradha S, Swarna V, Farouk A

Hospital Tengku Ampuan Rahimah, Klang

ABSTRACT

Introduction: We present a case report of 2 successful pregnancies in a patient with urethrovaginal stenosis following a childhood motor vehicle accident. **Case Presentation:** We describe a patient who sustained pelvic bone fractures and bladder/urethral injury following a motor vehicle accident (MVA) at the age of 3 years, requiring multiple corrective surgeries. She presented to our hospital in 2014, as a 24 year-old primigravida at 37 weeks of gestation with labour symptoms. She was found to have urethral and vaginal stenosis and had an emergency lower segment caesarean section for the reasons of vaginal stenosis and delivered a healthy baby girl weighing 2.6 kg. During her 2nd pregnancy in 2016, she was diagnosed to have an inevitable miscarriage at 18 weeks gestation. There were complications where the head was stuck within the vagina after the body was delivered. Destructive procedure was done to deliver the head. For her third pregnancy, she was diagnosed with cervical incompetence at 14 weeks gestation and underwent laparotomy for cervical cerclage procedure. She underwent elective lower segment caesarean section and bilateral tubal ligation at term. **Discussion and Conclusion:** Vaginal stenosis is typically defined as an inability to insert 2 fingers on examination. Cases of acquired vaginal stenosis could be due to post radiation therapy, post retention of foreign body, female genital mutilation and herbal vaginal pessary insertion. So far there have been no case reports on pregnancy outcomes after a traumatic urethrovaginal stenosis post MVA. Case described above has shown good outcome in pregnancies despite her ordeal since childhood.

Evaluation of Obstetrics Shock Index in Identifying Significant Blood Loss in Primary Post Partum Haemorrhage during Caesarean Section

Fathi Ramly¹, Nor Azlin Mohamed Ismail¹, Shuhaila Ahmad¹, Rahana Abd Rahman¹, Aida Hani Mohd Kalok¹, Esa Kamaruzaman², Lim Pei Shan¹

¹Obstetrics & Gynaecology Department, Hospital Canselor Tunku Mukhriz, Malaysia, ²Anaesthesia Department, Hospital Canselor Tunku Mukhriz, Malaysia

ABSTRACT

Objectives: To evaluate usefulness of Obstetrics Shock Index (OSI) during caesarean section in relation to estimated blood loss, the need for blood transfusion and to determine the cut-off point for OSI during caesarean section. **Methods:** A retrospective case-control study involving pregnant women who underwent Caesarean Section at Maternity Unit Hospital Canselor Tunku Mukhriz, Malaysia between 1st November 2014 to 30th November 2017 was conducted. Fifty two cases of primary post partum haemorrhage (Case) and 115 randomly selected controls (Control) were included. OSI were calculated on admission, pre-anaesthesia, post-anaesthesia, during delivery, at 10 minutes post delivery, at 30 minutes post delivery, at end of operation, 4 hours after operation and pre-discharge. **Results:** OSI in Case was 0.93±0.18 (delivery), 0.95±0.22 (10 minutes), 0.90±0.20 (30 minutes), 0.83±0.18 (end of operation), 0.82±0.21 (4 hours). In Control, mean OSI was 0.86±0.18 (delivery), 0.86±0.16 (10 minutes), 0.84±0.17 (30 minutes), 0.8±0.19 (end of operation), 0.72±0.11 (4 hours). In transfused group, OSI recorded >0.9 during delivery (0.96), at 10 minutes (1.06), at 30 minutes (1.01), end of operation (0.9) and at 4 hours post delivery (0.89). In non-transfused patient, all OSI were recorded below 0.9. OSI ≥0.9 during delivery, at 30 minutes post delivery and 4 hours post delivery showed higher specificity and positive predictive value in determining need for transfusion. **Conclusion:** OSI can be used as adjunct tools to recognise massive bleeding, and allow prompt action including consideration of blood product for resuscitation. OSI more than 0.9 correlated well with amount of blood loss and had high specificity for need of transfusion during caesarean section.