OP-029

Case report: Unseen side of caesarean section

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ABSTRACT

Summary: In recent decades, caesarean delivery have increase in most countries and this has ultimately led to an increase in the complications of caesarean section. Clinical presentation of uterine scar dehiscence or rupture commonly comprises sudden foetal heart rate abnormalities, abdominal pain especially at previous caesarean scar site, altered uterine tone, cessation of contractions, vaginal bleeding, and signs of hypovolemia. Here are 2 cases report with different clinical presentation: **Case 1:** A 25-year-old, lady, gravida 2 para 1 with 1 previous caesarean section 3 years ago was induced with 1 prostin 3mg for post-date. She had regular uterine contraction. Foetal monitoring throughout induction was uneventful. Bishop score remained unfavourable and caesarean section was planned. Intra-operatively, anterior uterine wall was completely deficient along the previous caesarean section site, leaving visible bulging foetal membranes and moving baby underneath. Baby was delivered safely and uterus was closed in 2 layers. **Case 2:** A 30-year-old, lady, gravida 2 para 1 with 1 previous caesarean section 3 years ago. At 37 weeks, she went into spontaneous labour and had regular uterine contraction. However foetal monitoring showed signs of distress and an emergency caesarean section was performed. Intra-operatively, there was uterine rupture at the right side of uterus around 4 cm and baby's shoulder was protruding out of the uterus. Baby was delivered safely and uterine rupture was closed in 2 layers. Prompt recognition of uterine scar dehiscence or rupture, early diagnosis and timely intervention are critical to prevent perinatal and maternal morbidity.

OP-030

Nasolabial schwannoma: A case report

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ABSTRACT

Summary: Schwannoma is a benign nerve sheath tumor that arises from Schwann cells of the neural sheath of peripheral, spinal, or cranial nerves. The occurrence of schwannoma in the facial region, specifically in nasolabial fold is rare. Well-circumscribed swelling at the nasolabial region is commonly diagnosed as nasolabial cyst. Magnetic resonance imaging (MRI) is able to differentiate nasolabial cyst and schwannoma but is not routine. Histopathological investigation is still the best tool for diagnosis and complete surgical excision is the recommended treatment for nasolabial schwannoma We present a rare case of a nasolabial tumor whereby a 19 years old female presented to our clinic with a progressively increasing in size swelling over the left nasolabial angle region for past 3 years associated with discomfort. On examination, there was firm, smooth-surfaced swelling at the nasolabial region measuring about 2cmx2cm with hyper-vascularised overlying mucosa. The provisional diagnosis was nasolabial cyst. Thus she was sent for CT paranasal sinus and it showed well-defined rounded homogeneously enhancing soft tissue mass within the subcutaneous tissue at the nasolabial angle region measuring 1.6cm x 1.3cm x 1.3cm. Minimal scalloping of bone was noted at the alveolar margin. The patient underwent excision of the lesion via sublabial approach under general anesthesia. Intraoperatively was uneventful where the lesion was delineated successfully. However histopathological examination revealed it is a nasolabial cellular Schwannoma. In this case report, we discussed the diagnostic dilemma between clinical features supported by imaging reports with histological findings. It is crucial to make a correct diagnosis prior to any treatment given to a patient.