

The Management and Outcome of Morbidly Adherent Placenta in HSNZ KT: A Two Year Experience

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ABSTRACT

Objective: To analyse the characteristics of patients with morbidly adherent placenta (MAP) who were managed in HSNZ KT. Results of the study will be used to outline the best management strategy in dealing with this devastating condition. **Methods:** Retrospective analysis of case records of women with MAP in 2016-2017, who were treated in HSNZ KT. Demographic characteristics, including age, parity, previous caesarean scar were recorded. Gestation at delivery, methods of diagnosis and mode of surgery were compared. Maternal outcome including mean blood loss, ICU admission and length of stay were analysed. **Results:** Twenty patients diagnosed with MAP were included in this study. The mean age and parity were 35.7 years and 2.35 respectively. 20% had 1 previous scar and 65% had 2 previous scars. Diagnosis of MAP was made by MRI in 13 out of 18 suspected cases, all with histologically confirmed moderate/severe degree of abnormal placentation. 19 patients underwent hysterectomy. Total intraoperative blood loss ranging from 0.1 to 20 litres, and mean of blood transfusion is 8 units of blood. Prophylactic internal iliac artery balloon tamponade is associated with significantly less blood loss. Complications include intraoperative organ/vascular injuries, relaparotomy and DVT. **Conclusion:** Antenatal diagnosis is essential in outlining the best management strategy in patients with MAP. MRI should be performed in cases where MAP is suspected despite negative ultrasound findings. Apart from having previous scar with placenta praevia, history of placenta praevia is also a risk factor of MAP. Prophylactic balloon tamponade should be considered in cases with suspected MAP.

Abducens Nerve Palsy: A Peculiar Manifestation of Pre-eclampsia

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ABSTRACT

Background: Pre-eclampsia manifests with a spectrum of signs and symptoms. Abducens nerve palsy is the rare and not well studied on presentation of pre-eclampsia. **Case Summary:** A 40 year old lady at 31 weeks gestation presented at our centre complaining of worsening blurred and double vision in the left eye for the past three days. She has chronic hypertension on treatment. Her blood pressure on admission was 200/111 mmHg and she had gross proteinuria. Neurological examination revealed horizontal diplopia and limitation of outward movement of the left eye. The rest of the physical examination and blood tests were otherwise unremarkable. Labetolol and magnesium sulphate infusions were started. Doppler ultrasound scan showed reversed end diastolic flow, which indicated foetal compromise. Immediate delivery was indicated and a 1.47 kg baby was born via caesarean section. There was retroplacental clots, and liquor was meconium stained. An Ophthalmology opinion was sought and their impression was that the abducens nerve palsy in this lady was due to raised intracranial pressure secondary to a hypertensive emergency. A CT brain was done which showed no significant findings. Her blood pressure was controlled over the next few days and by day 7 post-delivery, her vision and abducens palsy had recovered. **Conclusion:** Though abducens nerve palsy is a rare complication in hypertensive disorders, it is benign and resolves spontaneously with full recovery once blood pressure is controlled. Imaging is required to rule out other causes of palsy.