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Severe nausea and vomiting in pregnancy due to gastric outlet obstruction: A case report

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ABSTRACT

Introduction: Nausea and vomiting in pregnancy (NVP) affects up to 80% of pregnant women. Hyperemesis gravidarum is a severe form of NVP affect 0.3-0.6% of pregnant women. NVP typically begins earlier in 5-6 weeks, peaking at 9 weeks and resolved by 20 weeks in 90% of women. Severe NVP and NVP first develops after 10 weeks gestation is unlikely due to pregnancy. Thus, other causes should be thought of. **Case Description:** The authors present a case of 27-year-old primigravida with underlying dextrocardia presented with severe nausea and vomiting at 8 weeks of gestation worsening until 12 weeks when she came to us with complaint of episodic vomiting which happened once in a few days containing large amount of partially digested food, early satiety, distended abdomen after meal which resolved with vomiting and lost 7 kg in 3 weeks. She was diagnosed as NVP but later found out the cause to be situs inversus totalis, a rare congenital anomaly with reported incidence of 1 in 5,000 to 10,000 live births complicated with gastric outlet obstruction due to duodenal stenosis which is an even rarer entity. This congenital duodenal stenosis was only discovered when she had severe nausea and vomiting exacerbated during pregnancy. Bedside ultrasound and OGDS confirmed her stomach was distended with gastric content of 1 litre with obstruction at the pylorus where the scope was unable to pass through. She was referred to a tertiary hospital and underwent duodenal-strictureplasty and duodenal jejunal bypass. Subsequently, she recovered and delivered a baby of 3 kg at term.

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Use of Robson classification in caesarean section analysis: A retrospective audit in Sabah Women and Children's Hospital, year of 2020

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ABSTRACT

Introduction: Proposed in 2001, the Robson classification classifies women into 10 groups to allow critical analysis of pregnancy characteristics. **Objectives:** To analyse all patients who underwent caesarean section (CS) and to identify which group of patients contributed to the highest rates. **Methods:** A retrospective audit of all caesarean sections performed from January to December 2020. **Results:** The total number of CS was 4,913 out of 14,744 deliveries, making it 33.3%. The highest indication was fetal factors, mainly fetal distress (43.8%) followed by dysfunctional labour (23.1%), uterine factors (19.4%), maternal factors (7.7%) and lastly placenta or umbilical cord factors (5.7%). Robson group 5 (multiparous, singleton at term with prior CS, cephalic presentation), group 3 (multiparous without prior CS at term, singleton, cephalic presentation) and group 4 (multiparous without prior CS at term, singleton, cephalic presentation, induced labour or CS before labour) were major contributors of overall CS at 26.2%, 19% and 11.5%. However, the number of women with previous CS in their first pregnancy who attempted vaginal birth after caesarean (VBAC) in the second pregnancy is not known. **Conclusion:** Robson classification has enabled us to identify the highest contributors of caesarean section which were women with previous caesarean section. It also allows us to monitor changes in these groups of patients over time at the same facility. Further audit is required to assess rates of failed and refused VBAC, with the intention of assisting women regarding their decision for future pregnancies, consequently, to reduce the overall caesarean section rates.