CASE REPORT

CASE REPORT OF A PATIENT PRESENTING WITH METRORRHAGIA DUE TO RETAINED PIECES OF FETAL BONE.

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A patient named Saira Bano age – 45 years Wife of – Muhammad Abdullah of Jagdishpur, Champaran, Hazaribagh presented in OPD of RAJENDRA INSTITUTE OF MEDICAL SCIENCES, Ranchi on 07.05.2012 with complain of heavy & irregular bleeding per vaginum for 6 months. Her Last menstrual period was on 27th April. Her cycles were 7-8 days / 10 ± 5 - 7 days. Bleeding is heavy with passage of clots. Her Obstetrical history – Para – 6+2, All full term normal delivery at home. Last one was Medical termination of pregnancy of 4 months – 6 yrs back by untrained person.

General Examination – Patient was moderately pale. Her pulse was 100/min & Blood pressure – 124/70 mm of Hg. Chest – Bilateral vesicular breath sound heard & C.V.S. – Tachycardia was present.

Per Abdominal Examination – Abdomen soft. No tenderness.

Per speculum examination – Cervix unhealthy congested infected discharge present.

Per vaginal Examination – Uterus was retroverted. Slightly bulky Mobility restricted. Fornices free.

Patient was admitted for further investigation. Her Haemoglobin was 8 gm% Total count & Differential count of W.B.C, Routine examination of urine, bleeding time & Clotting time, Blood glucose F & P/P Blood urea & Serum Creatinine all were within normal limits. She was HIV and Hepatitis B surface antigen – Negative, Her Chest X ray & E.C.G. was normal. Patient's Hb was built up by I.V. Iron sucrose + protein diet & vitamin + micronutrients.

U.S.G. – Report showed Endometrium is thick & echogenic – looks like old organized missed products.

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Patient was posted for hysterectomy & Total Abdominal Hysterectomy with Bilateral Salpingo oophorectomy was done.

After hysterectomy on cutting open the uterine cavity two pieces of fetal bones were found. Bones were flat & probably scalp bones.

Patient post operative period was un-eventful & was discharged on 8th post operative day.

REFERENCES:

1. Carlso Karen J MD, Eisenstat, Stephonic A MD, Ziporyn, Terra PHD. The new Havard Guide to women health, Havard University.
2. Dubinsky TJ-Value of Sonography in diagnosis of abdominal uterine bleeding J. Clin ultrasound-2004; 32-348-353.
3. Bignardi T, Van Den Bosch T, Condus G- Abdominal uterine & post menopausal bleeding in the acute Gyanecology unit-Best practice-Clin Obst & Gynae- 2009;23-595-607.

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