

CLINICAL NOTE

A RESOLUTE UTERUS

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UTERINE HAEMORRHAGE at an early stage in pregnancy is a common and alarming emergency in general practice and there is a temptation, especially in a district with difficult geographical access to hospital, to adopt early radical treatment. This case is described as it illustrates the reward of conservative treatment where it seemed unlikely to be of much use.

Case history

When about ten weeks pregnant, Mrs G. began to bleed heavily. She already had three children, two boys and a little girl, and had had a previous miscarriage, but was keen to have another child and readily agreed to spend a week resting in bed. The haemorrhage rapidly stopped and a subsequent Hogben test confirmed that the pregnancy was continuing. At 14 weeks she attended the surgery for assessment.

20 September 1961. At this examination all was normal. The blood pressure remained below 120/90 throughout the pregnancy, at no time was there albumin or sugar in the urine, and weight gain throughout was moderate.

The family history contained nothing relevant.

Obstetric history. 21 July 1954. 7½ lb boy at term. Early in this pregnancy, 26 days after her last menstruation, on 9 November 1953, dilation, insufflation of tubes and cauterization of the cervix was carried out for suspected infertility.

11 August 1956. 8 lb boy at term.

17 March 1957. 10-week abortion.

17 March 1959. 7½ lb girl at term.

30 years old. L.M.P. 12 June 1961. E.D.D. 19 March 1962.

Threatened abortion 25 August 1961, at 10 weeks had settled with rest in bed for a week.

On examination of the abdomen the height of the fundus was consistent with a 14-week pregnancy and examination of the birth canal with a speculum revealed no lesion.

Five days later, on 25 September 1961, came the second sudden haemorrhage. This cleared up even more quickly than the first and, after another week resting in bed, the pregnancy continued normally. At 36 weeks the foetal head was well engaged in the pelvis, excluding the possibility of a placenta praevia.

The arrival of a normal 8 lb boy on 26 March 1962, brought an explanation of the haemorrhages. Firmly attached to the outside of the membranes of the placenta was the macerated remains of the other half of a twin pregnancy. Both placenta and foetus could be identified, but were so macerated that it was not possible to determine whether a lesion in one or the other was the cause of the miscarriage (see illustration).

Contemplating the tolerance of the uterus to this foreign body, it was interesting to note its toleration of stimulation early in the first pregnancy.

Summary

A pregnancy is described where the early death of one twin at ten weeks was followed by normal delivery of the remaining baby at 41 weeks, followed by the macerated remains of the first, adherent, outside the membranes.