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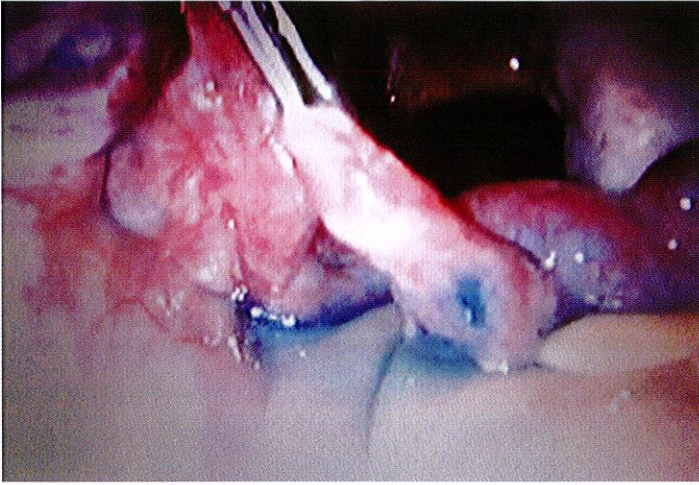


Fig. 17.1 Laparoscopic dye test showing positive dye test

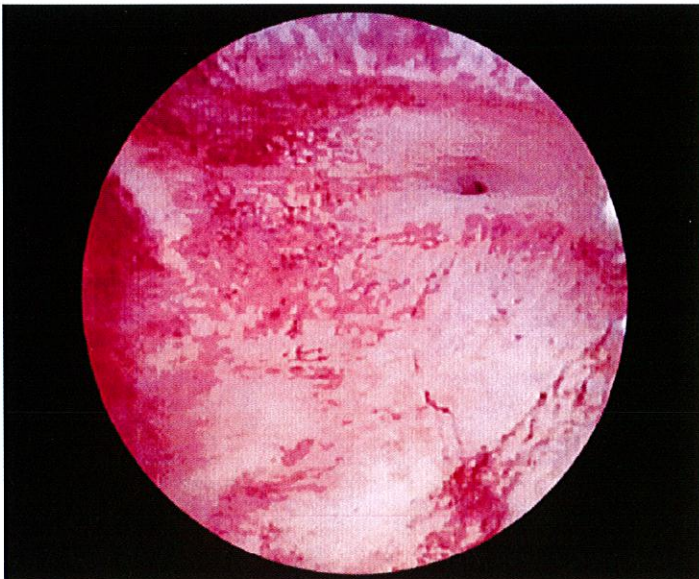


Fig. 18.1 Hysteroscopic endometrial ablation

Placenta Previa

Rashida Begum

INTRODUCTION

Bleeding during late pregnancy antepartum hemorrhage (APH) is a high-risk pregnancy. It is an emergency situation, which still is an important cause of maternal death in developing countries. APH occurs in 2–5% of all pregnancies. Placenta previa is one sort of APH, which complicates 0.3–0.5% of all pregnancies (Iyasu, 1993). In developing countries due to pre-existing anemia, poor transport condition and inadequate medical facilities placenta previa continues to be responsible for many maternal deaths. Though the death rate in developed countries is not significant.

Case scenario: Mrs Hazera Khatun aged 35 years, a multiparous woman, has come to your hospital with history of amenorrhea for 32 weeks with sign symptoms of pregnancy and per vaginal (PV) bleeding for 1 hour. This is her first visit to you.

How will you proceed for diagnosis?

Detailed History is to be Taken First

About bleeding

- When did PV bleeding start?
- How much bleeding occurred?
- Was there any clotted blood?
- Is it her first episode of bleeding?

To be sure about gestational age menstrual history is to be taken

- Whether the cycle was regular or not
- What was the length of the cycle?
- When was the last menstrual period?

About other associated factors

- Whether there is any pain in the abdomen?

- Whether there is any history of fall or trauma?
- Is she hypertensive?
- Is her parent hypertensive?

About fetal condition

- Whether fetal movement is present and adequate?

Obstetric history is to be taken

- Parity of the patient and number of previous conceptions
- Mode of previous deliveries
- History of any menstrual regulation (MR), dilatation and curettage (D&C) or manual removal of placenta

Examination

A quick general examination is needed to assess the effect of blood loss. *Abdominal examination* is to be done to assess fetal condition. Inspection of vulva and introitus is to be done to assess the amount of vaginal bleeding.

Note: Per vaginal examination is not done until and unless there is any sign of labor.

On enquiry, you elicited that the patient has no complaints of abdominal pain. She started bleeding suddenly. This is her first episode of bleeding. It is not associated with any trauma. Amount of bleeding is like menstrual bleeding. On physical examination you found her pulse, blood pressure normal. Abdomen is soft nontender, fetal movement is present, fetal heart sound is audible and normal, and there is slight PV bleeding.

On the basis of history and physical findings what might be your diagnosis?

Antepartum hemorrhage and most likely placenta previa.