Indian Journal of Forensic Medicine and Pathology
Volume 4 Number 4, October - December 2011

Case report

Postpartum Hemorrhagic Death Due to Retained Placenta in Uterus

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ABSTRACT

A 27 year old female was admitted in Pravara Rural Hospital, Loni, in shock condition with history of full term normal delivery. The delivery was conducted in a private hospital, but due to postpartum hemorrhage the patient was shifted to PRH, Loni. The patient died immediately after admission and relatives of the patient filed a complaint against the private hospital which had conducted the delivery. Postmortem was conducted which showed bleeding from genitalia and uterus with 7cm circumference mass of retained placenta at posterolateral region. The clinical and autopsy findings revealed mismanagement after delivery leading to death of the patient, and the doctor who conducted the delivery was held responsible for the death.

Key words: Placenta; Delivery; Postpartum hemorrhage; Negligence.

INTRODUCTION

Worldwide, more than half a million women die every year as a result of pregnancy and childbirth, and 99% of these deaths occur in developing countries[1]. About 25 % of maternal deaths in Asian countries are due to hemorrhage during pregnancy, birth or postpartum. Out of these, almost 30% are due to post partum hemorrhage and further 15-25% of these are maternal deaths due to retained placenta[2]. The incidence of retained placenta is 0.8-1.2% of birth[2].

Placenta is said to be retained when it is not expelled even 30 minutes after the birth of the baby[3].There are three main types of retained placenta following the vaginal delivery- (1) Placenta adherans - which is due to failed contraction of the myometrium behind the placenta[2]. Trapped placenta- a detached placenta trapped behind a closed cervix[3]. Partial accreta- when there is a small area of accrete preventing detachment. All can be treated by manual removal of placenta, which should be carried out at 30-60 minutes post partum[4].

Case History

A 27 year old female body was received for ostmortem in the Department of Forensic Medicine and Toxicology at Rural Medical College, Loni, A'Nagar, Maharashtra. The Police panchanama showed that the patient had been admitted in Medical College Hospital

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with a history of bleeding after delivery and died within one hour of hospitalization. The relatives of deceased filed a complaint against the doctor who had conducted the delivery.

Autopsy Report

The body was pale, well built and there was oozing of blood stained fluid from the mouth. Faint postmortem lividity was present on the back portion of the body with well marked rigor mortis. There were no any signs of decomposition present on the body. The clothes were blood stained and blood soaked cotton pad was seen at the vaginal orifice. Also stitched episiotomy wound was seen on forchute, 3 cm in length. There were no bodily injuries except injection marks.

On internal examination all the organs were pale and stomach was empty. Genital examination showed labia minora contused, stitched episiotomy wound and active bleeding from the vagina. The uterus was flabby, pale and few blood clots were seen inside it. On the poster lateral region, a dull red color spongy mass of retained placenta was seen 7cm in circumference. The uterus, with other organs, was sent for histopathology examination in the Department of Pathology at PRH Loni.

The histopathological report confirmed gravid uterus with placental remnants.It also revealed shock lung syndrome and intense vascular stasis in brain, lungs, liver, and kidney. After postmortem and histopath examination, the cause of death was given as severe postpartum hemorrhagic shock as a result of retained placenta in the uterus.

Fig 1. Pale and flabby uterus

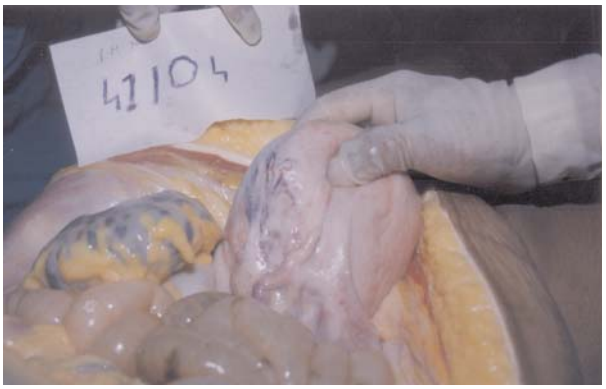


Fig 2. Enblock dissection of reproductive organs and bleeding from genitals

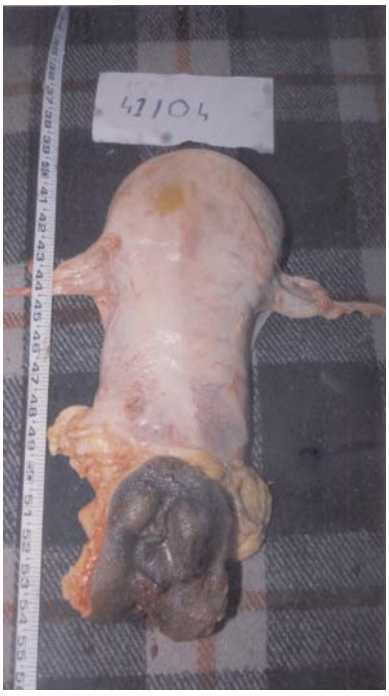


Fig 3. Dissected uterus with blood clots and placenta

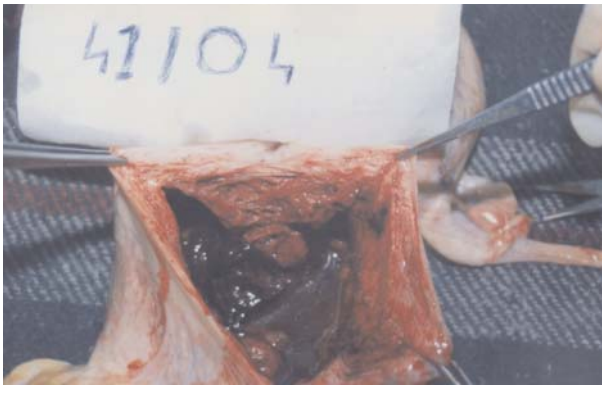


Fig 4. Retained placental remnants in uterus

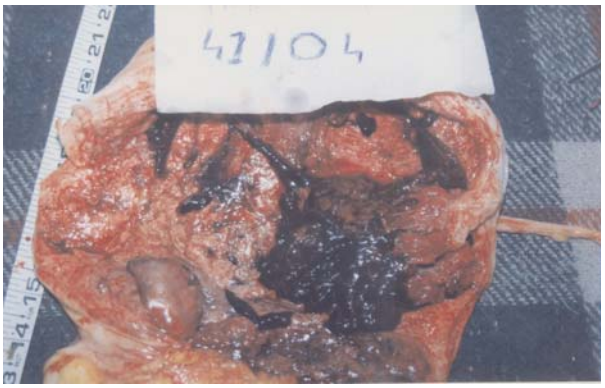
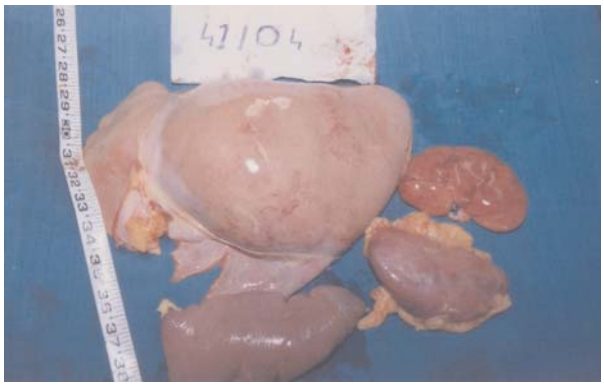


Fig 5. Pale liver, spleen and kidneys



DISCUSSION

Retained placenta is associated with morbidity and mortality when left untreated[3]. A patient with retained placenta often has postpartum hemorrhagic[6]. Adequate resuscitation is mandatory before attempting manual removal[6]. This should include giving blood if the patient is bleeding and the administration of a second dose of oxytocin to encourage uterine contraction and placental separation[6]. Failure to deliver the placenta despite these measures indicates transfer of the patient to operation theatre[6]. In the present case, the patient was admitted for labour at a private hospital where she was given a trial with episiotomy. The patient was exhausted by labour pains without any progress and then shifted to a gynecologist. The gynecologist conducted the delivery and a 3 kg live baby was born. After the delivery there was profuse bleeding for several hours. The placenta was taken out by manual method but the bleeding could not be stopped, as per the case sheet of the doctor. Then the patient was shifted to Rural Medical College Hospital, Loni, in a shocked condition.

The doctor, who conducted the delivery, did not see the placenta after delivery. The retained placenta was the cause for profuse postpartum hemorrhage. If the retained placenta had been removed in time or at least suspected this could have saved the life of the patient. The doctor was held responsible for mismanagement after delivery; though it was a rare complication, he failed in his duty. The doctor was unable to prove his innocence. The court passed a verdict against the doctor and held him responsible for the death of patient under sec 304 (A) IPC.

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