From: "ROOT" <root@sctimst.ac.in>
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Date: 07/10/2024 07:51 AM
Subject: Student CPC

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Sun, 6 Oct 2024 16:33:21 +0530
Subject: [EXTERNAL MAIL] Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **Oct 7, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:

https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m2e3ad710d090ec35a742e26eaa28eafc

Monday, Oct 7, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2516 805 0129

Meeting password: 071024

The Clinical handout of the case to be discussed is attached herewith.

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CPC Clinical Summary (07 OCTOBER 2024)

Pt. Age/sex: 26 yrs/F	Clinician-in-Charge: Dr. Rajlaxmi Mundhra	
Dept : Obstetrics and Gynaecology	First admission: 11/04/23 Date of Surgery: 26/04/2023	Pathology Discussant:Dr. Dhinesh Blood bank Discussant: Dr. Safna Radiology Discussant: Dr. VijayMadhuri

Chief Complaints:

H/o bleeding PV (sudden onset) soaked 1 pad, no clots (08/04/23)

History of present illness:

G4P2L2A1 at 31 weeks POG with previous 2 LSCS came with % bleeding PV sudden in onset , soaked 1 pad, not a/w clots for which patient went to local hospital immediately, admitted for 3 days, where patient came to know about her low lying placenta , initial resuscitation was done and advised bed rest . Since then patient has on and off % brownish discharge P/V. Patient was referred to AIIMS for safe confinement.

T1-Present pregnancy was spontaneous conception confirmed by UPT at home. No H/o intake of folic acid present. No h/o excessive nausea and vomiting, burning micturition, fever or exposure to radiation/ teratogenic drugs. Pt had 1 episode of spotting P/V at the end of 3rd month POG for which patient did not take any medication. No antenatal investigations done in first trimester.

T2/T3: Quickening felt at the 5th month of POG. H/o regular intake of iron and calcium. 2 doses of Inj TT received. Scan done at 5th month POG and patient was told about low lying placenta. No h/o raised BP and sugar records ,deranged LFT . No % headache, epigastric pain, blurring of vision, seizures. No h/o cold or heat intolerance. H/o 1 episode of bleeding PV ~patient was admitted and conservative management was done. Blood Ix done s/o Hb-8.1 and advised iron rich diet. USG scan done s/o Type 4 Placenta Previa.

Past medical history: No previous significant medical history

Past surgical History: No previous surgical history

Family history: No significant family history

Personal history: Homemaker, normal sleep, no addiction or allergy

General examination: normal built, conscious, oriented,

PR: 86/min BP:106/61 mm of Hg RR: 16/min Pallor +

clubbing/ icterus=absent Hydration adequate

RS: b/l air entry normal and equal

CVS: S1S2 heard, no murmurs

Systemic Examination:

- Chest- B/L NVBS present, no added sounds, CVS- S1S2 + No added sounds.
- CNS: E4V5M6, No motor or sensory deficit, reflexes normal

P/A: Abdomen uterus is 30 wk size, relaxed cephalic , FHS present.

L/E: No active bleeding noted

P/S: Local causes of BPV ruled out

Investigations:

: Mother's Blood group : O **+ve**

Date	**18/02/23**	**14/03/23**	**10/04/23**	**12/4/23**	**25/4/23**	**28/4/23**
Hb g/dl	8.1	7.2	6.9	7	9.7	12.77
TLC/cumm	11.2	11.9	10.7	15.08	7.8	12.14
Platelet count lakhs/cumm	2.15	2.24	2.38	2.35	2.16	2.16
PT/INR			12.8/1.1			
TB/DB				0.82/0.10		
HbsAg/HIV/HCV/RPR			NR/NR/NR/-	NR		
Urine R/M		1-2	1-2	0-1		0-1
Pus		4-5	4-5	0-1		0-1
Epi		Nil	Nil	Nil		Nil

RBC						
Na/k+/Cl-/Ca				13.5/4.2/97/9.1		136/3.2/99/8.5
TSH				1.093		
FBS	88	87	86.6			
OGTT					76/111/944	
B.Urea/S.creat				19/0.53		
Urine C/s				Mixture		
SGPT/SGOT/ALP				kna/3.5/147		

USG OBS Anomaly scan(10/1/23)	SLIUF 19 weeks, Placenta - anterior edge extending upto internal os, placenta previa, No GCA
USG OBS (14/3/23)	SLIUF of 28 weeks ,EFW - 1196 gm , AFI adequate, Transverse lie . Chronic marginal (61.2×61.3×20.6mm) hematoma tracking sub amniotically along the placenta with subamniotic hematoma (78×26×55.3) towards fundus
USG OBS and abdomen (10/4/23)	SLIUF of 32+2 wks POG .cephalic chronic marginal hematoma (56×47×14 mm) extending along the placenta s/o morbidly adherent placenta, AFI - 13 cm, Normal doppler study

MRI PELVIS (3T)(13/04/23)-

Placenta is along left antero-lateral uterine wall. It is reaching upto internal os. Distance of interior edge of placenta from internal os is -2.7 cm. The maximum thickness of placenta is -6.2 cm in sagittal plane. The internal os is closed .

Thinning, irregularity and at places loss of T2 hypointense signal of uterine myometrium is seen along placental attachment site in anterior, left lateral and inferior aspect.

Placenta is seen infiltrating full thickness of myometrium with serosal discontinuity, irregularity and external bulge along left lateral uterine wall. Flow voids are also seen reaching upto anterior abdominal wall in midline with indistinct hypointense line of anterior abdominal wall suspicious for infiltration involvement of overlying abdominal wall musculature.

Multiple tortuous vascular channels are seen in subplacental location- predominantly in left iliac region and left parametrium.✓✓

There is irregularity and loss of T2 hypointense muscle signal in wall of the bladder with flow voids along superior aspect-invasion

Single intrauterine fetus is seen in cephalic presentation.

No loop of cord is seen around fetal neck The placental insertion site of the umbilical cord is in left lateral position the lower segment, approximately-6 cm proximal to the lower edge.

A well-defined T1 hyper- and T2 hypointense subchorionic collection is seen above os measuring-3x7.7 x 4.5 cm (APxTRxCC)- likely haemorrhagic.

Umbilical site attachment is along the left anterior wall of lower uterine segment. Maternal urinary bladder is partially distended Maternal kidneys are normal

IMPRESSION:

Findings suggestive of placenta percreta with invasion of bladder wall and suspicious infiltration of anterior abdominal wall.

Grade III placenta previa with subchorionic hemorrhage covering os.

Course And Management:

Course during hospital stay:

- Patient admitted and all routine investigations sent.
- Adequate blood products arranged.
- 2 PRBC transfused following admission to correct severe anemia.
- Fetomaternal surveillance done

- Antenatal corticosteroid coverage and Neuroprotection given.
- MRI was done and PAS was confirmed.
- Urology and Interventional Radiology consultations were done I/v/o Intraoperative assistance.
- Preoperative placement of B/L Internal Iliac Catheter done by Interventional radiologists on 26/04/23
- Pt taken for Elective Cesarean hysterectomy under General Anaesthesia on 26/04/23.

Baby details:

Male **(Boy)**	**26/4/2023** **11:26 am**
2242gms	**APGAR** **7@1 min** **9 @5 min**

Post-op period:

- 3 unit PRBC and 3 Unit RDP transfused postoperatively.
- Dressing done on POD 3,Stitch line healthy.
- Drain removed on POD 5.
- Foleys removed on POD 8, urine passed.
- Patient passed urine and stool comfortably.
- Patient is being discharged in stable condition.

Unit's Final Diagnosis:

•G4P2L2A1 at 31 weeks POG with Previous 2 LSCS with Complete Placenta Previa with Placenta Accreta Spectrum

Attachments:

File: word PAS CPC Clinical summary Final.docx	Size: 18k	Content Type: application/vnd.openxmlformats-officedocument.wordprocessingml.document