

## Hypovolaemic shock secondary to first trimester placenta accrete

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### ABSTRACT

**Introduction:** The event of placenta accreta during first trimester is a life threatening event. However, due to its rarity, its clinical symptoms are akin to other more common cases and inaccuracy of ultrasound in detecting such pathology pose a challenge in diagnosing first trimester placenta accreta. **Case Description:** A 38-year-old lady, Gravida 4 Para 2+1 at 7 weeks period of amenorrhea with one previous caesarean section and morbid obesity. She was under follow-ups for conservative treatment of silent miscarriage by evidence of clinical symptoms and ultrasound findings. During her conservative management, she subsequently presented to our centre with profuse per vagina bleeding leading to hypovolaemic shock. She was then subjected to emergency suction and evacuation. Intra-operatively, the continuous bleeding during suction leading to DIVC prompt the team to subject her for laparotomy and hysterectomy for the suspicion of placenta accrete. Hysterectomy was successfully performed with a total blood loss of 5litre. The recovery process was uneventful. Her histopathological report came back and confirmed the diagnosis of morbidly adherent placenta. **Discussion:** A high index of clinical suspicion based on early recognition of the risk factors is important for early detection. Thus early anticipation could result in better obstetric outcomes.

## Induction of labour with Cook Cervical Ripening Balloon: Is it more painful?

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### ABSTRACT

**Introduction:** Labour pain is the most intense and excruciating experiences among women in their life. The overall requirement of analgesia among all deliveries are between 30% to 60%. There is evidence from literature that induced labour is likely to be more painful than spontaneous labour. **Objectives:** Requirement of analgesia among women with induction of labour using Cook Cervical Ripening Balloon (CCRB). **Methods:** It was a hospital based retrospective study. Data collection was done by reviewing patients' records at record office, Sarawak General Hospital, Malaysia in 2015. Study population included women with unfavourable cervix. **Results:** A total of 49 women underwent induction of labour with CCRB and 23 (46.9%) women had successful vaginal delivery (95% CI 32.5-61.7). Of these, 12 (24.5%) women requested for an analgesia as pain relief during labour and remaining 37 (75.5%) women did not require any method of pain relief. Of the 12 women, 7 (58.3%) women received intramuscular pethidine and 4 (33.3%) women were given epidural analgesia. One (8.4%) woman used inhalational gas. **Conclusions:** Induction of labour with CCRB did not show increased requirement of analgesia than that of deliveries in general population.

**Keywords:** Cook cervical ripening balloon catheter (CCRB), analgesia