TRAUMATIC HEMATOMA OF OMENTAL ADHESIONS SIMULATING PREMATURE SEPARATION OF PLACENTA

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(Received December 5, 1957)

Obstetricians realize the rarity of such a combination of factors but feel that there is likehood of more frequent occurrence, in view of the increasing number of pregnant women coming to the delivery room with an abdominal scar as evidence of an earlier appendectomy or of pelvic surgery. The possible occurrence of hematoma of omental adhesions might well be considered in cases of trauma to the abdomen in late pregnancy were previous abdominal surgery has been done.

Mrs. T.O., aged 25 years, was admitted to hospital on April 11, 1957, at about 3.00 A.M., complaining of severe generalized abdominal pain. She had received no prenatal care during this, her second pregnancy. Her last mensis was dated veguely during the end of August, 1956, making this approximately her eighth month of pregnancy. Abdominal pain had begun about twelve hours prior to admission and was increasing of severity. There was nausea but no vomiting. Several days later, she revealed that a short time prior to the onset of abdominal pain, she had become much alarmed when her baby developed convulsions, and she had rushed out into the open on an icy walk. She slipped and fell, striking her abdomen. Fifteen months prior to the admission, the patient was admitted to some hospital at Yamaguchi with a full-term pregnancy. Examination at that time showed a generally contracted pelvis with direct evidence of cephalopelvic disproportion. Classical cesarean section was done and a live baby obtained. Convalescence followed a septic course with the patient developing a pyometra. Following a cautious dilatation of the cervix, with the institution of drainage, the patient recovered. She was discharged on the twenty-third hospital day in good condition.

Examination on admission disclosed poorly developed and undernourished female; heart and lungs normal; blood pressure 110/80. The size of the uterus was that of an eight months' pregnancy. The entire abdomen was exquisitely tender. The uterus felt very firm and as if persistently contracted. Fetal heart sounds was barely audible in the left lower quadrant. Fetal position was diagnosed as L.O.A. Pelvic measurements showed a generally contracted pelvis. Vaginal examination revealed a tender cervix with neither dilatation, effacement, nor bleeding. A di-

agnosis of premature separation of the plancenta with concealed hemorrhage was made and immediate abdominal section planned.

A classical cesarean section was done. On opening the peritoneal cavity, the omentum was found adherent to the fundus and the anterior uterine wall. A large hematoma was present in the omentum overlying the uterus. No fresh bleeding points were evident. The omentum was separated from the uterus with ease. On opening the uterus, the cord presented and was not pulsating. The baby was delivered with some difficulty. No apparent abnormality was found in the placenta. The baby responded poorly to stimulation and died shortly afterward.

The mother was returned to the ward in good condition. Her blood count at this time showed hemoglobin, 50 per cent; red blood count, 2,600,000; colar index, 1; white blood count, 7,600; differential count; 85 per cent segimented polymorphonuclear leucocytes, 6 per cent nonsegmented polymorphonuclear leucocytes, and 8 per cent lymphocytes. She was given venoclyses of glucose in saline, and a transfusion of 600 c.c. of citrated blood. The patient was discharged on the fourteenth postoperative day in good condition. The blood count at this time showed hemoglobin 75 per cent and red blood count 4,500,000.

I have presented a case of traumatic hematoma of omental adhesions in late pregnancy and wish to emphasized the ease in which this condition may resemble a premature separation of placenta.

Acknowledgment: I should like to express my thanks to Prof. H. YAGI of Okayama for his help.