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**EMERGENCY CEASAREAN SECTION IN PRETERM PREGNANT
WOMEN WITH HEAD INJURY: A CASE REPORT**



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CASE REPORT

EMERGENCY CEASAREAN SECTION IN PRETERM PREGNANT WOMEN WITH HEAD INJURY : A CASE REPORT

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ABSTRACT

An elderly primigravida 30 weeks gestation with head injury reported to emergency of trauma centre . Patient was with Glasgow coma scale of 11/15 , irritable and fetal distress was also present . CT-scan done , left temporal lobe contusion with hemorrhage diagnosed. Patient shifted to operation theatre for both caesarean section and craniectomy with blood evacuation.

Key words:

head injury , preterm viable fetus, emergency caesarean, craniectomy.

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INTRODUCTION

Trauma in road traffic accident is very common but trauma in pregnant women really a serious condition as it may affect two lives . As head injury sometimes may affect the mother's life , this will also affect the fetus in-utero all the time from the injury upto operation theatre. Coma in pregnancy and labor is a rare and complicated situation. One of the causes is severe head trauma, which requires neurosurgical consultation and possibly urgent transfer to a neurosurgical unit.

This should follow stabilization, confirmation of fetal viability, and cesarean section ¹. Head injury is commonly due to traumatic etiology but sometimes it is also seen in cases of pre-eclampsia and eclampsia , few cases of spinal anesthesia also developed subdural hematoma ².

Case report

An elderly primigravida 40 years female with 30 weeks gestation presented to emergency trauma centre with head injury , glasgow coma scale of 11/15. Patient was irritable, had one episode of vomiting but she was hemodynamically stable. Her pulse was 80/min and b.p 110/80 mmhg. She was pregnant with gestation of 30 weeks , on auscultation fetal heart present but there was fetal bradycardia. Urgently CT- Scan done with shielding, left temporal contusion with blood collection diagnosed (Figure1).



Neurosurgeons decided to operate and simultaneously obstetricians opinion taken. As patient conceived after 22 years of marriage and fetus was viable having bradycardia, anesthetic consultation was done, regarding to do both the procedures simultaneously. After anesthesia consultation, NICU team

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called to manage the preterm high risk baby. Emergency lower segment cesarean section under general anesthesia was done and simultaneously neurosurgeons operated. Left temporal craniectomy done along with evacuation of blood. Patient shifted to ICU and was intubated. A male baby delivered and handed over to pediatricians for NICU admission (Figure 2.)



Baby weight was 1200 gms and was intubated. Surfactant was given due to prematurity as there was risk to develop ARDS. After that put on ventilator for better oxygenation. Finally with efforts of NICU doctors baby could be saved but was under continuous supervision. Other side mother extubated on day 4 of operation and shifted to ward.

DISCUSSION

This was a rare case of road traffic accident in which an elderly primigravida with gestation of 30 weeks with viable fetus, had severe head injury, operated on emergency basis to save the life of mother and fetus. This was a precious pregnancy as she conceived at age of 40 years and baby weight was about 1200gms, so there was fair chance of survival of baby. Keeping all this in mind and because of fetal distress, preterm emergency cesarean section planned along with neurosurgery team. A similar case reported by Aviram *et al*³ in which a 38-year-old primigravida at term and in labor, with severe head injury from a vehicular accident is reported.

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Emergency cesarean section was performed for severe fetal distress during resuscitation. Another case reported by Nivelle G *et al*⁴ in which viable early pregnancy of 13 weeks with head injury reported. Decompressive craniectomy was performed to control her intracranial pressure during her management in the intensive care. Pregnancy allowed to progress with careful monitoring as maternal stabilization and rehabilitation continued. At 35+3 weeks a 2770 g male child was delivered via emergency caesarean section after spontaneous onset of labour.

Thus trauma team everywhere is doing a great work through multidisciplinary approach.

CONCLUSION

Level one trauma centers are doing great work team by multidisciplinary approach. Mostly accidents, fall from height and other kind of injured cases are reporting to trauma centre. All the cases are being managed in short time with high quality treatment and care.

References

1. Fadi G. Mirza, Patricia C. Devine, Sreedhar Gaddipati 2010., Trauma in Pregnancy: A Systematic Approach. *Amer J Perinatol* 27(7):579-586.
2. Djoubairou BO, Onen J, Doleagbenou AK, El Fatemi N², Maaqili MR 2014., *Neurochirurgie*. Chronic subdural haematoma associated with pre-eclampsia: case report and review of the literature. 60(1-2):48-50.
3. Aviram R, Shtraizent A, Beyth Y, Fejgin M. 2000, Emergency cesarean section in a comatose parturient after head trauma. *Harefuah*. 138(3):208-10, 270.
4. Neville G, Kaliaperumal C, Kaar G. 'Miracle baby' 2012., an outcome of multidisciplinary approach to neurotrauma in pregnancy. *BMJ Case Rep*. pii: bcr2012006477

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