

Prijevremena ruptura plodovih ovoja u gestacijskoj dobi na granici vijabilnosti te porod zdravog djeteta u terminu

Julija Žanetić¹; Ivan Benčić¹; Josipa Paić²

1 Medicinski fakultet Sveučilišta u Zagrebu

2 KBC Zagreb, Klinika za ženske bolesti i porode, Zagreb, Hrvatska

ID Julija Žanetić 0000-0003-3986-5338; Ivan Benčić 0009-0005-9680-9764; Josipa Paić 0009-0002-6691-2865
<https://doi.org/10.26800/LV-145-supl7-PS17>

KLJUČNE RIJEČI: PPROM; amnionska tekućina; carski rez

UVOD: Prijevremeno otjecanje plodove vode može dovesti do oligohidramnija. Ukoliko se dogodi prije 37.tjedna (PPROM), komplikacije mogu uključivati korioamnionitis, abrupciju posteljice, prijevremeni porod te pobačaj ili intrauterinu smrt. Incidencija PPROM-a iznosi 1-4%, dok je incidencija PPROM-a prije 24.tjedna oko 0,5%.

PRIKAZ SLUČAJA: Pacijentica ima 37 godina, urednu osobnu i ginekološku anamnezu. Trudna je 2.put. U prvoj trudnoći je rođeno zdravo dijete carskim rezom (S.C.). Ova trudnoća je bila urednog tijeka do 22. tjedna, kada je dijagnosticirano otjecanje plodove vode. Ovako rani, perivijabilni PPROM, u većini slučajeva završava prekidom trudnoće. Međutim, ovo nije bio slučaj te je pacijentica hospitalizirana u tercijarnom centru. Provedeno je antibiotsko liječenje uobičajeno za PPROM. Nakon toga bez antibiotika, uz uredne kliničke i laboratorijske nalaze. Plodova voda je tijekom trudnoće klinički evidentno otjecala, ali serijski ultrazvučni nalazi su pokazivali dovoljno vode za normalnu dinamiku i razvoj fetusa. Fetus je bio malen za gestacijsku dob, ali zadovoljavajućeg prirasta. Svakodnevni kardiokografski zapisi su bili uredni. Dovođenje trudnoće je planirano s 37 tjedana, indiciran je S.C. zbog prethodnog S.C. i patologije u ovoj trudnoći. Pacijentica neposredno prije zakazanog S.C. ima nepravilne, ali bolne kontrakcije, najviše u području starog ožiljka. Tijekom operacije ustanovljena je inkompletna ruptura uterusa u području starog ožiljka. Unatoč rizicima, rođeno je zdravo muško dijete, 2550g/48cm, AS 10/10.

ZAKLJUČAK: Ovaj slučaj jedan je od rijetkih perivijabilnih PPROM gdje je ishod trudnoće porod zdravog djeteta u terminu. Opažanja se mogu primijeniti kod budućih pacijentica i na taj način spasiti sve veći broj trudnoća.

Preterm premature rupture of membranes occurring at a periviable gestational age and early term delivery of a healthy child

INTRODUCTION: Premature leak of amniotic fluid can lead to oligohydramnios. If it occurs before 37 weeks (PPROM), complications can include chorioamnionitis, placental abruption, premature birth, miscarriage or intrauterine death. Incidence of PPROM is 1-4%, while the incidence of PPROM before 24th week is 0.5%.

CASE REPORT: The patient is a healthy female, 37 year old, gravida 2. In the first pregnancy healthy child was born by caesarean section (C.S.). This pregnancy progressed smoothly until the 22nd week, when amniotic fluid leak was diagnosed. PPROM, this early on, mostly leads to termination of pregnancy. However, this was not the case and she was admitted to a tertiary hospital. The usual regimen of antibiotics was administered. Afterwards, she had normal clinical and laboratory findings, without any therapy. Amniotic fluid continued leaking, but serial ultrasound findings showed an amount sufficient for normal fetal dynamics and development. The fetus was small for gestational age. Cardiotocography, done every day, was normal. Labor was planned at 37 weeks. C.S. is indicated due to previous C.S. and pathology in this pregnancy. Just before the scheduled C.S., the patient felt irregular and painful contractions, mostly in the area of the previous scar. During the operation, an incomplete rupture of the uterus was found. Despite risks, a healthy male child was born, 2550g/48cm, AS 10/10.

CONCLUSION: This case is one of the rare periviable PPROM where the outcome is delivery of an early term, healthy child. Observations can be used for treating future patients and thus save more pregnancies.

KEYWORDS: PPROM; amniotic fluid; cesarean section

