

## A Fatal Case of Post-Partum Eclampsia Associated with Accidental Hæmorrhage.

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E.A., aged 23, primigravida, was admitted to the Liverpool Maternity Hospital at 12.45 noon on September 29, 1921.

The patient became pregnant in January 1921, but had two periods in February and March. She was well until a month before admission, when she consulted her doctor for nose-bleeding. The day before admission she walked quickly to the post, and after her return home was seized with sudden abdominal pain, fainted and became very pale. She believed herself to be near term and sent for the midwife. Pains continued all night, and Dr. Edis was sent for and ordered removal to hospital, with a diagnosis of concealed accidental hæmorrhage. At 9 o'clock there was a big gush of blood.

On admission, about four hours later, the patient was very ill, pains regular, pulse-rate 136, and the cervical canal admitted one finger. The uterus relaxed between the pains.

The presentation was a vertex, the head was small and soft, and no placenta was felt. Five ounces of urine were drawn off; the specific gravity was 1012, and a trace of albumin—no excess of globulin—and a few leucocytes were found.

A rectal saline and morphia gr.  $\frac{1}{4}$  were given. The patient improved slightly in the afternoon and labour advanced. At 5 p.m. the membranes were ruptured, and 1 cc. of pituitrin was given, but the pains went off. At 2.30 a.m. the patient was delivered of a small dead premature child, weighing  $3\frac{1}{2}$  lbs., by low forceps without anæsthesia. Two pounds of blood-clot came away with the placenta, which was compressed and showed white areas, some of which were breaking down.

The next day, September 30th, the patient became restless; no urine was passed, and only a teaspoonful could be drawn off by catheter. There was frequent vomiting. With hot packs the patient perspired freely and rectal salines were retained, but she was restless and delirious. At midnight, September 30th, she had a fit lasting five minutes, followed by four others and died at 2.10 a.m., on October 1st, in the fifth fit, about 24 hours after delivery.

Pathological report on specimens by Professor Ernest Glynn :- -

**Kidney**—macroscopically. There was a series of small anæmic infarcts at the junction between the cortex and medulla forming a narrow irregular strip surrounded by a red zone of blood.

Microscopically. The infarcts are typical, and a few days old because the edges of the necrotic tissue are infiltrated with leucocytes (see Fig. 1). The vasa recta and glomerular vessels in the neighbourhood of the infarcts are thrombosed (see Fig. 1). The thrombi consist of red blood corpuscles, many of which are conglutinated, and a few blood platelets. No fibrin could be demonstrated by Wiegert or Kockel's stains. It is impossible to give a definite opinion regarding the condition of the endothelium of the vessels.

*Comment.* Had the infarction been more marked the kidney would have presented the appearances characteristic of symmetrical cortical necrosis of pregnancy. In this case, however, only about a third of the cortex has been destroyed. The comparative absence of blood platelets in the thrombi distinguishes it from a case described by E. E. G. and H. Briggs in the *Journal of Pathology*.<sup>1</sup>

**Liver.** The gland cells in the middle and inner zone of certain lobules show fatty metamorphosis and coagulation necrosis; many have totally disappeared. (Fig. 2.) No fibrin could be demonstrated.

**Uterus.** The muscle fibres are shortened and about three or four times the normal thickness. The cytoplasm, instead of being finely reticular, is homogeneous, and stains intensely yellow with van Gieson. Most of the nuclei have totally disappeared (see Fig. 3). The majority of the blood-vessels are empty, but laminated thrombi are present in a few. There is an extensive extravasation of blood in certain areas between the muscle fibres; here also blood pigment can be seen (see Fig. 4).

**Suprarenal.** The most striking change is the presence of numerous small circumscribed areas of lymphocytic infiltration.

**Thyroid.** Normal.

**Pancreas.** Normal.

**Spleen.** Normal except for a slight pigmentation with blood.

1. Glynn, E. E., and A. Briggs. "Symmetrical cortical necrosis of the kidney in pregnancy." *Journ. Pathol. and Bacteriol.*, vol. xix (1915).

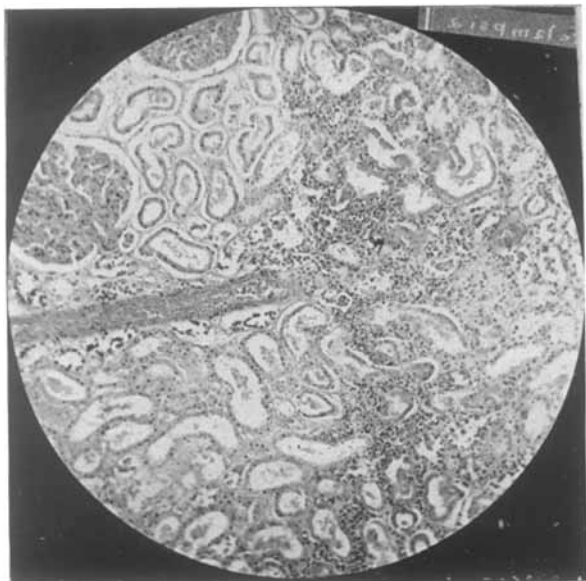


FIG. 1.  $\times 140$ .

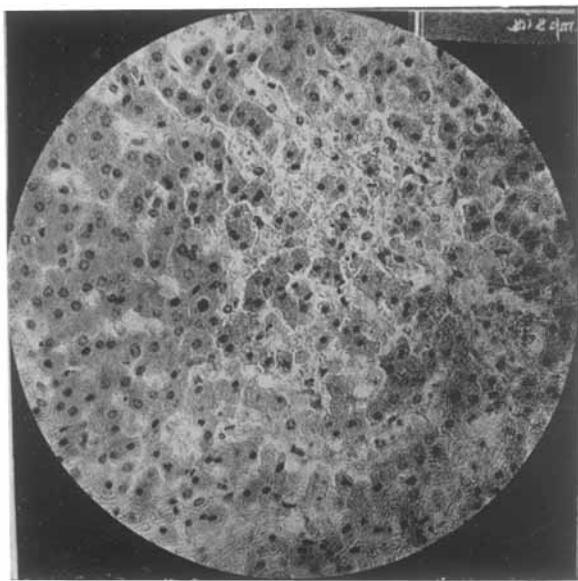


FIG. 2.  $\times 400$ .

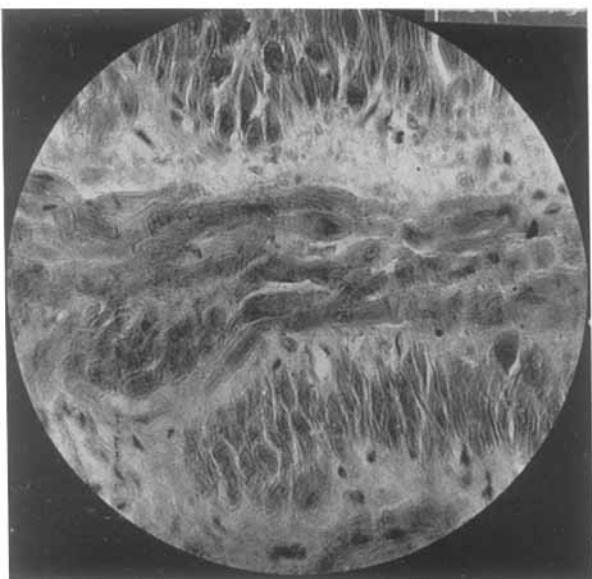


FIG. 3.  $\times 500$ .

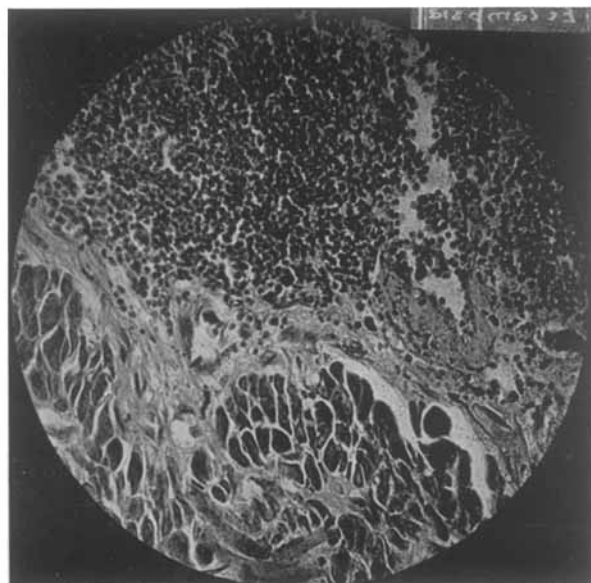


FIG. 4.  $\times 500$ .