Cause of Bleeding in Early Pregnancy

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One hundred and eighteen consecutive patients who presented with bleeding per vaginum in early pregnancy were evaluated. Abortion related bleeding was present in one hundred patients, ectopic pregnancy was the cause in fifteen, molar pregnancy in one and local incidental causes were diagnosed in two women. Seventy-eight patients had evacuation of uterus. Of those diagnosed having ectopic pregnancy, nine (60%) required straightaway laparotomy and six (40%) underwent laparoscopy (40%) for confirmation of diagnosis. In the two patients with local causes pap smear revealed no abnormality and conservative management was opted.

Key words:Bleeding, early pregnancy.

Early pregnancy bleeding is a common and distressing problem[1]. It may settle down without any sequelae or may indicate a pregnancy complication like abortion, ectopic gestation or hydatidiform mole. In a small number of cases this bleeding may be due to an incidental cause unrelated to pregnancy. Approximately 10-15% of clinically recognized pregnancies end in abortion, usually in first trimester[2].

Aims and Objectives

To find out cause of early pregnancy bleeding in our patients population with a view to estimate the incidence and thereby plan management strategies.

Patientsx and Methods

The study was carried out at the Department of Obstetrics and Gynaecology, Services Hospital, Lahore, during 1997-1998. All the patients presenting with pregnancy upto 12 weeks and bleeding per vaginum were analyzed. Work up common to all patients in this category comprised history, physical examination (pelvic examination was restricted to speculum examination only) and basic investigations - Hb percentage, urine analysis, blood group and pelvic ultrasound cases. In cases of ectopic pregnancy (-hCG levels and pelvic ultrasound with vaginal probe were also carried out. The patients were explained and counselled about diagnosis and proposed management.

Results

During the study period 118 patients presented with bleeding per vaginam in first trimester. Of these 100 had abortion related bleeding, 15 were diagnosed to have ectopic pregnancy, one had hydatidiform mole and two patients had incidental local lesions. Thirty-five (29.6%) patients were primiparas, 66 (56%) were multiparas and 17 (14.4%) were grand multiparas.

Out of patients presenting with abortion related bleeding 97.3% were stable and 2.7% were haemo-dynamically unstable. Amongst the hundred patients with abortion, twenty presented with threatened abortion, twenty-three with missed abortion, forty were incomplete abortion, nine with inevitable, six with septic and two with complete abortion. Out of these twenty two were managed conservatively while seventy eight required evacuation of uterus.

Of the 15 patients who presented with ectopic pregnancy, five were in a state of shock (33.3%) and ten were stable (66.6%). In eight patients direct laparotomy was carried, in six who were stable laparoscopy proceed laparotomy was done and in one where diagnosis was suspect, serial ß-HCG and vaginal ultrasonography confirmed diagnosis and only then a laparotomy was performed. Fourteen patients had tubal ectopic while one had ovarian ectopic which was confirmed on histopathology.

One patient with molar pregnancy had suction curettage and follow-up. In those with local causes, pap smear revealed no abnormality and conservative management was opted.

Discussion

Abortion is by far the commonest cause of vaginal bleeding in the first trimester but ectopic pregnancy due to its potential serious consequences requires urgent diagnosis and management[3]. Pelvic ultrasound and qualitative ß-hCG measurements are important diagnostic modalities in evaluation of early pregnancy bleeding[4]. Placental abnoramalities are important in the differential diagnosis of vaginal bleeding but only in the middle and later part of pregnancy. Vaginal and cervical lesions can cause bleeding at any stage of pregnancy.

In this study the most common cause of bleeding in early pregnancy was abortion. The commonest amongst these was incomplete abortion followed by missed and threatened abortion respectively. Ten percent patients with threatened abortion, aborted subsequently.

The patients with ectopic pregnancy were lesser in number but more significant because of the possible mortality and morbidity which could be associated with it. Having a variety of clinical presentations, ectopic pregnancy continues to be a diagnostic difficulty[5]. A high index of suspicion can help reduce delay in diagnosis. Recent developments in the application of transvaginal ultrasound and sensitive ß-hCG assays have taken some of

the uncertainty out of the diagnostic fog, while laparoscopy may still be required to confirm diagnosis and also as means for treatment[6].

The operative treatment carried out was salpingectomy in all patients. This was because in some patients the fallopian tube was already damaged while in others tubal ligation was desirable.

The number of patients with molar pregnancy in this study group is less then figures quoted in Western literature[7]. This could be due to late diagnosis because of lack of first trimester scan in most of our patients. Local causes although only 2% should be kept in mind as possible cause of bleeding in first trimester[8].

Conclusion

Abortion related bleeding and ectopic pregnancy are common causes of bleeding in early pregnancy. Ectopic pregnancy although less frequent is more significant because of higher morbidity and also mortality if the condition is remains undiagnosed.

A protocol of sensitive ß-hCG levels and transvaginal ultrasonography has proved affective in the diagnosis of ectopic pregnancy. Both these procedures are available and should be routinely used in our setup. Abortions not as frequently life threatening maybe the cause of long term morbidity. Creating awareness to seek medical help earlier can reduce the morbidity and mortality of patients with abortions.

References

1. Bansew SS, Stevens HA. Women's experience of miscarriage in early pregnancy. J Nurse Midwifery 1992; 37: 84-90
2. Wilcox AJ, Weinberg. Incidence of early pregnancy loss. New Engl J Med 1988; 319: 189-94.
3. Barnhart K, Mennuti MJ. Prompt diagnosis of ectopic pregnancy in an emergency department. Obs & Gynae 1994; 84: 10-15.
4. Hamilton RA, Grant MM. The management of bleeding in early pregnancy. Internal Medicine Journal 1991; 84: 18-9.
5. Caltanach. Ectopic pregnancy, we can still miss the diagnosis. Aust Fam Phys 1994; 190-3, 196.
6. Timor-Trisch. The use of transvaginal ultrasound in the diagnosis of ectopic pregnancy. American Journal of Obs & Gynae 1989; 161: 157-61.
7. Bagshawe KD. Hydatiform mole in England and Wales 1973-83. Lancet year; vol: 673-77.
8. McKennett M, Fullertan JJ. Vaginal bleeding in pregnancy. Am fam Phy 1995; 51: 639-46