

PP085 BUBBLE, BUBBLE, TOIL AND TROUBLE!

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INTRODUCTION:

Amniotic Fluid Embolism (AFE) is a rare obstetric emergency in which amniotic fluid enters the maternal circulation to trigger serious adverse reactions leading to cardio-respiratory collapse and massive bleeding. It has a high morbidity and mortality rate. Risk factors for developing AFE include multiparity, advanced maternal age, male fetus and trauma

CASE REPORT

We report a 31-year-old lady, gravida 3 para 2+1 at 37 weeks gestation who became unconscious and stopped breathing at home after a witnessed episode of stiffness over the hands and feet and laboured breathing. She had a history of persistent proteinuria and anaemia, but was never hypertensive. She received pre-hospital CPR for 30 minutes en route to the ED. A resuscitation team consisting of Emergency, Anaesthesiology, Obstetric and Paediatric teams were on standby. Upon arrival, CPR was continued and copious blood-stained secretion was seen in the oropharynx during intubation. Peri-Mortem Caesarean Section was performed and baby was delivered with an Apgar Score of 0 and actively resuscitated. The baby revived after 20 minutes and care was transferred to NICU, but later pronounced dead at 28 hours of life. Simultaneous maternal resuscitation was continued throughout with 2 transient episodes of return of spontaneous circulation but she was pronounced dead after a total of 80 minutes CPR. Post mortem revealed an amniotic fluid embolism as the cause of death.

DISCUSSION AND CONCLUSION

Amniotic Fluid Embolism continues to be a leading cause of maternal death and is difficult to diagnose early. The time-critical nature of this condition weighs heavily on maternal and fetal prognosis and 50% of patients die within the first hour of onset of symptoms. The key factors in the management of AFE are early recognition, prompt resuscitation and delivery of the fetus. Despite rigorous resuscitation, prognosis remains poor and maternal mortality approaches 80%.