

I S-21 A prospective study of the prediction of cervical dilatation in threatened premature labor by shape of the cervix

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Purpose: For early detection of risk cases in threatened premature labor from the shape of the cervix by transvaginal ultrasonography.

Method: With previous retrospective study of 80 patients the relation between cervical incompetence and the shape of the cervix was established. Thereafter 28 patients were examined prospectively by transvaginal ultrasonography from 16 weeks of pregnancy onwards for the assessment of threatened premature labor from the shape of the cervix. Ultrasonographically the shape of the cervix was described as Convex - when the muscular tissue of the cervix protrudes towards the uterine cavity, Flat- when the muscle layer becomes flattened and Concave-when the muscular tissue bends into the endocervical canal at the level of internal os. The risk cases in threatened premature labor were assessed clinically with the dilatation of the internal os which developed progressively. The uterine contraction was monitored with tocoergometer.

Result: Out of 28 patients 10 patients with threatened premature labor developed cervical dilatation. One patient among 16 convex type ($p<0.01$), 5 patients among 9 flat type ($p<0.05$), 4 patients among 4 concave type showed dilatation of the cervix.

Conclusion: The risk cases in threatened premature labor can be estimated from the ultrasonographic cervical shape done between 16-28 weeks of gestation.

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EMERGENCY OBSTETRIC HYSTERECTOMY IN DEFENCE SERVICES GENERAL HOSPITAL

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This study was undertaken to determine the incidence of morbidity and mortality of emergency obstetric hysterectomy at D.S.G.H, Mingaladon and also the modalities for reducing these complications. Between the period 1st January 1990 and 31st December 1994, 15 cases of emergency hysterectomy for Obstetric haemorrhage was performed. Clinical charts were traced and analysed. The incidence was 1:701 deliveries. Eleven patients were operated as emergency postpartum hysterectomy for ruptured uterus (3), placenta accreta (4), secondary haemorrhage, chorioamnionitis (2), Couvelaire uterus (1) and extension of lower uterine segment scar to the uterine vessels (1). Four patients were operated as emergency caesarean hysterectomy for placenta accreta (2) and placenta previa major type (2). Six of 15 patients (40%) had previous lower uterine segment caesarean section. There was no maternal death. Urinary tract injury was encountered in one patient. Fetal mortality was found in (3) cases (20%) occurred in uterine rupture cases.