

Monash Health 2016.2

SAQ 27

An 22 year old female presents late on a Friday evening with brisk PV loss and abdominal pain. She has very irregular periods and is uncertain of the date of her last period.

Vital signs are BP 80/50 HR 110 Temp 37 GCS 15

- a) List 3 differentials including 2 cardinal features each on Hx (2) & examination

- b) List & Justify 3 Key Investigations

- c) Brisk PV loss continues and prior to any treatment with rerecorded vital signs of:
BP 75/40 HR 120
Outline 5 steps of escalating treatment

List 3 differentials including 2 cardinal features each on Hx (2) & examination

DDX	Hx	Ex
Ruptured ectopic	Prev ectopic/PID/prev gynaesurg/abortions endomet/IUD shoulder tip pain	Adnexal mass Local/lower abdo peritonism Haemodynamic instability
Miscarriage	Preg symptoms Passage of clots/products of conception	Open cerv os Products in os/vaginal
Vaginal trauma/lesion	Instrumentation of vag Abnormal Cx smear results	Vaginal lac Vag/cerv bleeding source visualised on speculum exam
Endometriosis	Dysmenorrhoea Excessive bleeding/clots Nulliparity Fhx	Lower abdo tenderness (best detected at the time of menses). presence of tender nodular masses along thickened uterosacral ligaments, the posterior uterus, or the posterior cul-de-sac. Obliteration of the cul-de-sac in conjunction with fixed uterine retroversion implies extensive disease. Occasionally, a bluish nodule may be seen in the vagina due to infiltration from the posterior vaginal wall.
Antepartum haemorrhage		
Praevia	Prev LUSCS	Uterine fundus c/w 3 rd trim
	Bright/fresh blood/ usu painless Abdo pain may indicate labour	LUSCS scar
Abruption	Abdo Trauma (even minor) Altered/old blood	Uterine tenderness Uterine contractions

List & Justify 4 Key Investigations

Investigation	Rationale/Justification
Quant BHCG	Determine if pregnant & threshold levels for TV vs TA US <1500 vs 1500-4500 vs > 4500
Hb /rhs/blood group	XMatching/antiD considerations
US TV/TA	Confirm the fetal viability/non viability Localize the site of placenta & its relation to the cervix Estimating the gestational age Detecting the presence of retroplacental hematoma
Bedside FAST	Free fluid with + preg test/empty uterus = ruptured ectopic

Brisk PV loss continues and prior to any treatment with rerecorded vital signs of:

BP 75/40 HR 120

Outline **5 steps of escalating** treatment

Resuscitation

Large bore IV & crystalloid (inc type & amt)

Blood/o-neg/type spec/MTP

Local measure for haemostasis

Drugs :oxytocin/prostoglandin analogues/Tx 10mg/kg IV (max 600mg)

Mechanical : biman compression /foley cath into Os/vag packing/repair

Definitive care urgent consult O& G/theatre