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Previable preterm prelabour rupture of membrane in a twin mother, a success story from Sri Lanka

Guruparam, K[1]; Ratnasiri, UP[2]; Gamage, R[1]; Jayawardenn, GRMUGP[1]; Gamaathige, N[1]; Lambiyas, LY[1]

[1]De Soysa Hospital for Women, Colombo; [2]Castle Street Hospital for Women, Colombo, Sri Lanka

Introduction Preterm prelabour rupture of membrane defined as rupture of amniotic membrane before 37 weeks of gestation. When the rupture of membrane occurs before 23–24 weeks it is categorised as previable preterm rupture of membranes. There is a

high risk of lethal pulmonary hypoplasia, chronic pulmonary morbidity, fetal limb contractures. Unlike in the other part of the world, termination of pregnancy is not legally permitted in Sri Lanka for this circumstance.

Case A 31-year-old mother at her second pregnancy with diagnosed di chorionic di amniotic twin pregnancy. She delivered her first baby by normal vaginal delivery 10 years back. This pregnancy is a planned pregnancy with the spontaneous conception. She had the booking visit at the period of gestation of 10 weeks and underwent basic investigations. Those results were found to be normal. She had her dating scan at the period of gestation of 12 weeks. She was offered shared care with a tertiary care hospital, DSHW and field clinic. She had mild spotting episodes at 12 and 14 weeks and treated as threatened miscarriage. She developed pre viable PPROM at 19 weeks of gestation and this was confirmed by sterile speculum examination. Patient treated in the ward for a period of 4 weeks and investigated with full blood count, C reactive protein, high vaginal swap culture and ABST and serial ultra sound scans. She was treated with the usual prophylactic antibiotic erythromycin for 10 days. The antibiotic was changed according to the ABST. There is no evidence of chorio amnionitis in her stay. She was discharged from the ward and followed up in the ante natal clinic. She got admitted to the ward at the gestation of 28 weeks and 6 days with the labour pain. Dexamethazone and magnesium sulphate give for the fetal protection. She delivered her twin babies vaginally with the weight of 1.175 kg and 1.260 kg and both were active and alive at the time of delivery. Babies were taken to neonatal ICU due to prematurity. Both babies are doing well at the moment awaiting discharge from the hospital. Still no complications mentioned above identified in these babies.

Conclusion Previable PPROM can be managed with serial monitoring and appropriate treatment. Prolongation of the pregnancy may helpful to achieve the viability of the fetus.