A Case of Central Placenta Prævia Associated with Post-Partum Eclampsia.

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IN view of the unusual nature of this case, it has been thought worthy of record.

The patient, a vi-para, had been bleeding intermittently for a month, and more or less continuously for a week. When admitted she seemed almost moribund from loss of blood. The os was nearly fully dilated and completely covered by placenta. The urine contained a trace of albumen. Version was performed and the child and placenta slowly delivered, treatment for the bloodless state being carried out in the usual way. At this stage the patient was very collapsed, but later rallied. The improvement was maintained next day, but twenty-four hours after delivery, restlessness, severe frontal headache and epigastric pain developed, and the urine showed an increase in the amount of albumen. Thirty-six hours after delivery a convulsive seizure occurred followed by coma, from which consciousness was not regained.

Post-mortem, the kidneys and liver showed the focal necroses and interstitial hæmorrhage that are the characteristic changes associated with eclampsia. The separated portion of placenta was greatly engorged, and microscopically the appearances were those of recent red infarction, congestion and close packing of the villi being present, with coagulation in the intervillous spaces.

The interest of this case lies in the occurrence of eclampsia in a multipara and in its being associated with placenta prævia.

Involvement of the placental circulation as an ætiological factor in the production of toxæmia was first suggested by Young in 1914. The comparative rarity of eclampsia in association with ante-partum hæmorrhage was explained by the fact that such labours as a rule terminate quickly, before sufficient time has elapsed for the formation of toxic products. A mild toxæmia, however, is not uncommon, and in a series of eleven cases of placenta prævia observed by the writer during the past nine months, albuminuria of a greater or less degree was present in six. In two of these the toxæmic symptoms were severe.

That an acute toxæmia in this case should not have appeared earlier is explained, on the grounds of the theory mentioned above, by the fact that not till late in labour was placental separation on a scale sufficiently large to allow of the intense toxæmia which caused the death of the woman.

I have to thank Dr. Barbour for permission to report this case.