Management of a Patient During ECV Abruption Leading to DIC

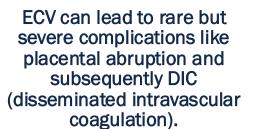
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Background:

Rare complication of ECV (external cephalic version) with an incidence of 0.18%.¹

This case highlights unrecognized placental abruption during ECV procedure.



Prompt recognition and management are critical to prevent further complications.



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Case Presentation:

- Previously healthy 32-year-old G2P1, 38 weeks gestation, scheduled for external cephalic version (ECV) due to frank breech presentation. ECV was unsuccessful and the procedure was aborted due to fetal distress
- The patient had extended monitoring post-procedure. There was no evidence of bleeding and/or pain. FHR monitoring had moderate variability with spontaneous decels responsive to resuscitation maneuvers.
- Cesarean delivery performed 5.5 hours post-ECV
- Intraoperative findings: active hemorrhage along the hysterotomy, rectus muscles, and omentum. Labs were consistent with DIC (see table)
- Maternal postoperative care:
 - Persistent thrombocytopenia delayed epidural removal (POD 3)
 - Discharged on POD 5 with improvement in clinical status

Events	Pre- ECV	After neonatal delivery	PPD 0 5 hrs post- delivery	PPD 1 12 hrs post- delivery	PPD 1 23 hrs post- delivery	PPD2	PPD3	PPD3 Epidural removed
Interim Transfusions			1 U FFP 20 pooled cryo units 1 U platelets	2 U pRBCs 1 U platelets	1 U pRBCs			2 U platelets
Hemoglobin	12.1 g/dL	8.8 g/dL	7.4 g/dL	7.7 g/dL	8.4 g/dL	8.2 g/dL	7.6 g/dL	7.8 g/dL
Platelet	162 x10 ⁹ / L	70 x10 ⁹ /L	58 x10 ⁹ /L	72 x10 ⁹ /L	64 x10 ⁹ /L	41 x 10 ⁹ /L	32 x 10 ⁹ /L	79 x 10 ⁹ /L
Fibrinogen		52 mg/dL	182 mg/dL	203 mg/dL	259 mg/dL			
Creatinine		1.4 mg/dL		1.84 mg/dL	1.95 mg/dL	1.64 mg/dL	1.25 mg/dL	

ECV=external cephalic version; FFP = fresh frozen plasma; cryo=cryoprecipitate; pRBC = packed red blood cells

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Take Away Points:

Placental abruption is a rare complication of ECV.

A high index of suspicion is needed for non-reassuring fetal status after an ECV procedure.

Rapid response to maternal/fetal distress is crucial to stabilize the fetus and prevent complications.

DIC is a severe complication of placental abruption.

Careful consideration must be used when managing an indwelling epidural catheter in a patient with DIC.