TOTAL VOLUME OF LIQUOR AMNII AT DIFFERENT GESTATIONAL PERIOD

by

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The liquor amnii is a dynamic fluid. Its volume and composition change with the progress of pregnancy (Gillibrand, 1969; Roy Chowdhury et al, 1969; Touchstone et al, 1972). Elliot and Inman (1961) observed decrease of total amniotic fluid volume with the advancement of pregnancy. They also noted a mean volume of one litre of amniotic fluid in normal pregnancy at term. Guthmann and May (1930) found a mean volume of 1.8 litres. Charles and Jacoby (1966) in their extensive investigation in the determination of total volume of amniotic fluid stressed much upon the technique and method of amniotic fluid measurement. They observed wide variations in the total volume of amniotic fluid in various abnormal conditions of pregnancy. Employing dye dilution technique the total quantity of liquor at term as noted by Zwirek and Pitkin (1968) appears to give correct result as compared with actual direct estimation. Upto the present time no method of amniotic fluid measurement has been found flawless and universally accepted. It is suggested that a simple, safe and accurate method of measurement of amniotic fluid would be of clinical value in normal and abnormal pregnancies. The total volume of liquor in Indian subjects in normal and abnormal pregnancies has not yet been reported.

Material and Methods

Hospitalised normal pregnant women of different age, parity and duration of gestation were selected for this investigation. The subjects were grouped into three categories, those belonging to 35 to 37 weeks of pregnancy as premature ones, 38 to 40 weeks as normal pregnancy and 41st week onwards as post-dated pregnancies. There were 10 subjects in each group. Amniocentesis was performed (De et al, 1969) and carefully 5 ml. of amniotic fluid was withdrawn in a sterile test tube. By changing the syringe 5 ml. of sterilised Evans Blue was introduced in the amniotic sac. By trial it was confirmed that mixing for 20 minutes was adequate to get constant result. The measurement

*Presented at the XVII All India Obstetric & Gynaecological Congress held in Agra from 5th-7th February, 1974.
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Received for publication on 1-4-74.
was done following Neslen et al., (1954) procedure. With adequate precaution it was a safe procedure in skilled hand and did not induce labour in any case in the present series.

It is suggested that the relatively large quantity of amniotic fluid in pre-term pregnant individual is perhaps due to relative small size of the foetus and slow rate of absorption. In post-dated pregnancy similarly comparatively bigger foetal size may explain the diminution in the liquor content. It may also be the stress condition in post-dated pregnancy causing liberation of aldosterone; sodium retention resulting in rapid absorption of water through amniotic membranes.

Our results further indicate the dynamic nature of liquor during the progress of gestation. The genesis and circulation of it are still obscure. Uptil now the specific physiological function of this dynamic fluid is not known. Examination of different constituents and volume may provide some clues for determination of the maturity and intrauterine status of the foetus.
Summary

1. Total volume of liquor amnii has been measured indirectly by Evan's Blue dye dilution technique on hospitalized Indian pregnant subjects.

2. Estimations are performed at different gestational periods in normal healthy patients of different age group and parity.

3. The patients were grouped into three groups as pre-term (35-37 weeks), normal (38-40 weeks) and post-dated (41 weeks onwards). The average amniotic fluid content in the three groups of patients were 12.46.3 ml., 932.9 ml. and 828.2 ml., respectively. The values obtained are similar to other previous observations.

4. The possible cause of variation in the liquor content and its significance in clinical obstetrics has been discussed.

Acknowledgement

The authors are thankful to the Principal-Superintendent, R. G. Kar Medical College and Hospitals, Calcutta for his kind permission to use the hospital records. This study was supported by a research grant from the Indian Council of Medical Research.

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