

Acute Renal Failure Following Ethacredil Lactate Instillation for Second Trimester Termination of Pregnancy

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Case Report

Mrs. S, a 24 year old woman G₅P₂A₂L₁, presented at 16th week of gestation with ultrasonographically detected fetal spina bifida for termination of pregnancy. She had one vaginal delivery with episiotomy. The infant died due to pneumonitis. Second delivery was by LSCS for fetal distress. The child is alive and healthy. She had two first trimester spontaneous abortions her Hb was 10.7 gm/dl, blood group A+ve, blood urea 18mg/dL and serum creatinine 0.63mg/dL.

Ethacridine lactate was instilled into the extra-amniotic space. The fetus was expelled after 12 hours and the evacuation was completed. The patient was discharged after 2 days in a satisfactory condition. The next day, she presented with markedly decreased urinary output.

On examination: General condition was fair. She had pallor +, BP-100/80 mm Hg, pulse-90/min., and good hydration. There was no pedal edema, Systemic examination revealed no abnormality. Vaginal bleeding was minimal. There was no urine output in 18 hours. Her Hb was 8.7 gm/dl, leucocyte count-98000/mL, differential count -basophils 74, lymphocytes 22, polymorphs 04, platelet count 1,60,000/ml. Urine showed trace of albumin, 3-5 pus cells/hpf and 4-6 RBC/hpf. Blood urea was 62mg/dL. and serum creatinine - 4.21 mg/dL. Serum sodium, potassium and chlorides were - 135, 3.9 and 105 mEq/L respectively. Urinary spot sodium was 94 mEq/L. Cultures of urine and blood showed no

growth. High vaginal swab showed Klebsiellae pneumoniae. Ultrasound examination was normal. She was managed conservatively (intravenous fluids, diuretics, culture specific antibiotics); but urine output remained nil, so hemodialysis was done. Her urinary output increased to more than 2000ml/24 hours (diuretic phase). She had normal urinary output after 3 days, when her serum creatinine was 1.56mg/dL and she was discharged in a satisfactory condition. She was on regular follow up. She remained asymptomatic and conceived after 3 months. Her LMP was 30th November, 2000 and EDO - 6th November, 2001. She attended antenatal high risk pregnancy clinic regularly. At 16 weeks, comprehensive ultrasound was normal. She had a normal vaginal delivery (VBAC) at term. The baby's birth weight was 2.75 kg. Her intrapartum and postpartum periods were uneventful.

Discussion

Ethacridine lactate provides an effective and safe method for terminating second trimester pregnancy. Though it is considered free from cardiac and renal toxicity, even if absorbed into systemic circulation from the uterus, acute renal failure has been reported'. It is contraindicated in patients who are hypersensitive to it and it should be used with utmost care if there is a history of previous surgery on the uterus or cervix. Prior renal function tests and urine output recordings after its instillation can detect any renal toxic effect in time.

Reference

1. Karthak KO, Takkar O, Kumar S et al. Acute renal failure: A rare complication of emcredil instillation for termination of pregnancy. *J Obstet Gynecol Ind* 1993; 43: 290.

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