

## Massive Fibrinoid Debris in the Uterus Causing Post Partum Hemorrhage

Halder Atin · Mukherjee Gautam · Pati Shyamapada ·  
Halder Saswati · Nayek Rashmi

Received: 6 June 2008 / Accepted: 10 June 2010 / Published online: 14 March 2012  
© Federation of Obstetric & Gynecological Societies of India 2012

### Introduction

Atonicity of the uterus is the commonest cause of primary PPH, while retained bits of placenta and membranes usually cause secondary PPH. We present a case of primary PPH during caesarean section due to massive fibrinoid debris over placental site.

### Case Report

A 23 years primigravida with an irregular antenatal check up from a private clinic was admitted in our hospital at 37 weeks 5 days with pre eclampsia and labor pain on 5.03.08. Her antenatal record showed she had mild PIII since 32 weeks of gestation. On examination; she had pallor, pulse rate 84/min BP 150/100 mmHg. The baby was term size. While monitoring her labor she had spontaneous rupture of membranes and the liquor was meconium stained together with a fetal heart rate irregularity. An

emergency caesarean section was performed for fetal distress under spinal anesthesia and a male baby weighing 2.3 kg was delivered. Placenta was delivered by controlled cord traction. As the placenta was expelled there was profuse uterine bleeding from the placental bed. We saw a copious amount of thick edematous leaf like fleshy masses were hanging from the placental bed, the largest one being  $6.5 \times 3.0 \times 0.6 \text{ cm}^3$ . The uterus remained flabby, but the masses were too adherent to be removed easily and hence, were removed with sponge forceps. Simultaneously 40 IU oxytocin and prostaglandin F<sub>2</sub>α (250 mcg) was given and the PPH was controlled. On histopathological examination the fleshy masses were reported to be fibrinoid necrosis with a marked decidual reaction (Fig. 1).

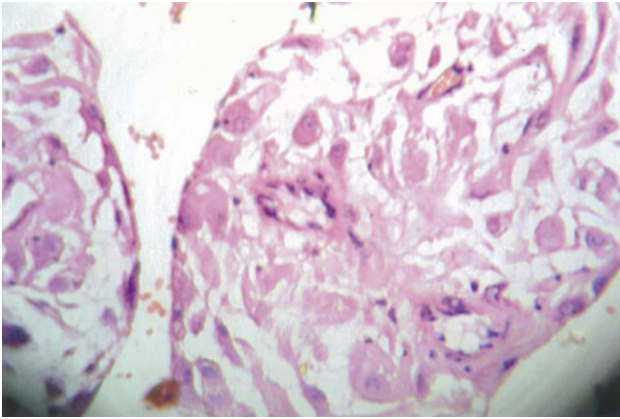
### Discussion

Fibrinoid deposition occurs within the decidua basalis and usually is confined to placental floor [1]. The fibrin, however, can extend into the intervillous space to envelop the villi, which then atrophy and may cause maternal floor infarction [1]. Adams et al. [2] described that maternal floor infarction is an uncommon phenomenon occurring in 0.006% delivery cases causing adverse neonatal neurodevelopmental outcome. Fibrinoid degeneration is usually associated with preeclampsia and an unfavourable fetal outcome due to a chronic placental insufficiency and oligohydramnios as was evident in this case. But what was unique in this case was that the extent of the degeneration

---

Halder A., Assistant Professor · Mukherjee G.,  
Assistant Professor · Pati S., Professor and Head ·  
Halder S., Assistant Professor · Nayek R.  
Department of Obstetrics and Gynaecology, North Bengal  
Medical College and Hospital, Sushrutnagar Dist,  
Darjeeling 734032, West Bengal, India

Halder A. (✉), Assistant Professor  
7, Swamiji Sarani, Hakim Para, Siliguri, Darjeeling 743001,  
West Bengal, India  
e-mail: atinhalder@yahoo.co.in



**Fig. 1** Histomicrograph showing fibrinoid necrosis with marked decidual reaction

was so huge that it behaved like retained placental masses causing severe PPH which is a very rare clinical experience. We present this case because of its rarity and to consider this factor during management of PPH.

### References

1. Cunningham FG, Leveno JK, Bloom SL, et al. Williams obstetrics, 22nd ed, vol. 597. New York: McGraw-Hill; 2005. p. 622–3.
2. Adams-Chapman I, Vaucher YF, Bejar RF, et al. Maternal floor infraction of the placenta: association with central nervous system injury and adverse neurodevelopmental outcome. *J Perinatol.* 2002; 22:236–41.