

First trimester post abortal placenta increta: A case report.

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Description

Obstetrical hemorrhage is one the leading causes of maternal morbidity and mortality in our country. It accounts for 298 out of 1,719 women (17.3 %). Obstetrical complications such as hemorrhage may ensue once the placenta adheres into the myometrium and was not noted during placental delivery. This is a case of a 30-year-old, Gravida 3 Para 1 (1021) who had persistent vaginal bleeding post curettage due to missed abortion at 11 weeks age of gestation. Differential diagnosis included retained secundines, gestational trophoblastic neoplasia, uterine arteriovenous malformation, and placental accrete syndrome. This could be differentiated by beta human chorionic gonadotrophic hormone and transvaginal ultrasound. What made the case interesting is the dilemma in the diagnosis. In a case of persistent vaginal bleeding after curettage and with a history of cesarean delivery, one will initially think of placenta accrete syndrome. But then, initial diagnostic tests pointed out to uterine arteriovenous malformation. Due to the dilemma of the service team in clinching the diagnosis for a single disease entity, pelvic magnetic resonance imaging with contrast was done revealing a possible placenta accreta, but cannot totally rule out vascular tumor. Since patient was initially desirous of future pregnancy, medical management was started and was scheduled for CT angiography. However, due to persistent vaginal bleeding, she underwent Total Abdominal Hysterectomy. Histopathology result revealed a placenta increta.

177 patients who received IPBR after NSM were included in the study; implants were positioned in a SM plane in 95 patients and in a PP plane in 82 patients. The two cohorts were similar for mean age (44 years and 47 years in the SM and PP groups, respectively) and follow-up (20 months and 16 months, respectively). The mean operative time was 70 min shorter in the PP group. No significant differences were observed in length of hospital stay or overall major complication rates. Statistically significant advantages were observed in the PP

group in terms of aesthetic results, chronic pain, shoulder dysfunction, and skin sensibility ($p < 0.05$), as well as a trend of better outcomes for sports activity and sexual/relationship life. Cost analysis revealed that PP-IPBR was also economically advantageous over SM-IPBR.

Our preliminary experience shows that PP-IPBR using polyurethane-coated implant after NSM is a safe, reliable and effective alternative to traditional IPBR with excellent aesthetic outcomes and high patient quality of life; it is easy to perform, minimizes complications related to manipulation of PPM and reduces operative time while resulting also in a cost-effective technique.

The study's aim was to see how effective nursing recommendations were at improving sexual function and quality of life in hemodialysis patients. An intervention design was used in this project. A purposive sample of 50 women was used in this study (25 women from the dialysis unit at Elahrar hospital, and 25 women from the dialysis unit at Zagazig university hospitals) To collect data we used the structured interviewing questionnaire, the index of female sexual function (IFSF), to assess sexual function, the 36-item Short Form health survey questionnaire to measure the impact of hemodialysis on women's quality of life, and arabic instructional guidelines on pelvic floor exercises to improve sexual relations and quality of life.

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