ED QUICK QUIZ

WHAT IS THE DIAGNOSIS?

BACKGROUND

A 27 year old woman presents to A&E with 24 hours of cramping abdominal pain and PV bleeding. She has passed clots up to the size of a 20 pence piece and has flooded through one sanitary towel despite replacing them frequently. Her pain and bleeding is much more severe than that of her normal periods. She also feels lightheaded and comes close to fainting when standing up.

She has no past medical history, has had no pregnancies and takes no regular medication. She is sexually active and is taking no contraception. She has had occasional PV spotting but has not had a normal period for a couple of months.

Examination

Observations: HR 50, BP 80/50, RR 20, SpO2 97% on air, temperature 36 degrees.

She is uncomfortable due to pain and appears pale. She is bradycardic and hypotensive but otherwise her cardiovascular examination is normal. There is mild suprapubic tenderness with no peritonism or masses.

QUESTIONS

1. You think she is having a miscarriage, but is there anything else you should consider?
2. What is the cause of her shock? How will you treat it?

ANSWERS & DISCUSSION

1. Differential diagnosis

- Miscarriage
- Ectopic pregnancy
- Vaginal ulceration/inflammation
- Cervical erosion/polyp
- Pelvic inflammatory disease

A miscarriage is the loss of pregnancy before 24 weeks' gestation and is classified as:

- Threatened miscarriage: cervical bleeding through a closed cervical os. 50% of these will proceed to complete miscarriage.
- Complete miscarriage: passage of all the products of conception.
- Incomplete miscarriage: the foetus is dead but there is retention of some or all of the products of conception. These may cause infection.
- Missed miscarriage: death of the foetus without signs of miscarriage and retention of all products of conception. The patient may present with sepsis or disseminated intravascular coagulation.

Risk factors for miscarriage include advancing maternal age, previous miscarriage, prolonged time to conception, smoking, alcohol, cocaine, caffeine, NSAIDs and extremes of maternal weight.

2. Management

She is bleeding so shock may be secondary to hypovolaemia. However, the normal response to hypovolaemia is tachycardia whereas she is bradycardic. Therefore, she may have cervical shock which is a vasovagal response due to blood clot or products of conception impacted in the cervical os.

Assess ABCDE and resuscitate. Perform a speculum examination and remove products or clot in the cervical os with sponge holding forceps. This may quickly reverse shock unless there is co-existent hypovolaemia. In the absence of shock it is better to let the O&G team perform the PV examination. Confirm whether she is pregnant with urine or serum HCG, consider the need for anti-D and refer to O&G on call.