

Summary

Ashmi Shijo, 31 yro old female, ^{31w+3D} G₃P₂L₁VD₁, previous 2 preterm LSCs, preeclampsia, hypothyroidism was referred from Rajagiri hospital as do severe early FUR and absent end diastolic flow. O/E - Afebrile, no pallor, PR - 68/min, BP - 130/90 mm Hg, P/A - uterus corresponds to 24-36 weeks, FM (+), FHS (+). Lab investigations showed: PT/INR - 15.3/1.07, APTT - 28.2 sec, RBCs - 183, WBCs - 27100, Nat/Hct - 135/47, HbA1c - 5.36. She was treated with *Ins.* Betnesol 12mg, *T.* Labetalol 100mg, *Cap.* Nicardipine 10mg, *T.* Phexin 500mg, *T.* Thyronorm 100ug, *Ins.* MgSO₄ 4g IV, *Ins.* Texim 1g IV, *Ins.* LMWH 0.4ml, *T.* Pen, *T.* Penicillin, *Ins.* Avil 1amp. Emergency LSCs + sterilization + SA (Indication: IUGR, abnormal doppler, previous LSCs) on 14/10/21, delivered a male baby, 740gm at 7.50pm with APGAR 8 at 1' and 9 at 5'. Neonatology consultation was done to explain the risk of preterm and risk of preeclampsia on betas. Patient's condition better hence discharged.

USG (14/10/21)

- SLIUG of 25w + 5D maturity.
- IUGR.
- Oligohydramnios.
- Absent diastolic flow in umbilical artery with brain sparing effect.
- Cephalic presentation.
- Longitudinal lie.
- Fetal Cardiac activity Present.
- Placenta : Posterior upper segment.
- AFI - 6cm, amniotic fluid red.
- BPD - 6.5cm ~ 26w + 4D.
- HC - 23.4cm ~ 25w + 3D.
- AC - 19.7cm ~ 24w + 3D.
- FL - 4.9cm ~ 26w + 4D.
- FFWT - 816gm.