Premature rupture of membranes at 20 weeks: Report of a successful outcome after transcervical application of fibrin glue.

Authors: Calado E., Ayres-De-Campos D.

Publication Date: 2007

Abstract:

A 30-year-old primigravida was admitted to hospital at 20 weeks of gestation because of premature rupture of membranes and oligohydramnios. The patient was maintained in bed rest and given intravenous ampicillin. Forty-eight hours later, after documenting the absence of infection and maintenance of the oligohydramnios, fibrin glue was applied transcervically under ultrasound control. There was subjective improvement in amniotic fluid volume after treatment, but always within the criteria of oligohydramnios. Fibrin glue application was repeated twice due to reported increase in fluid loss and diminished amniotic fluid volume on ultrasound. Amoxicillin per os was started at 23 weeks, and clavulanic acid was added at 26 weeks due to the isolation of an Escherichia coli on cervical-vaginal cultures. No signs of infection ensued until 34 weeks, when an axillary temperature of 39.5degreeC was detected together with a non-reassuring cardiotocographic pattern, the latter leading to the performance of an urgent cesarean section. The newborn had an Apgar score of 9/10/10, umbilical artery pH of 7.32, and no external deformities. He showed no signs of lung hypoplasia and required no oxygen supplementation. Oropharyngeal and blood cultures revealed an E. coli infection and antibiotic treatment was started. No further complications occurred and he was discharged home on the 8th day of life. At 12 months, the child reveals a normal development. The mother had a mild and short-lasting wound infection and was discharged on the 8th postoperative day.