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Case Report

Clinical Evaluation of Scar Pregnancy Induced Pre-Hemorrhagic DIC: A Case Report.

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CASE REPORT

I'm writing to give a thorough account of a scar pregnancy case at our hospital that involved DIC.In order to summarize our experiences and lessons learned, we thoroughly examined the patient's treatment and recuperation.

The 28-year-old pregnant woman was diagnosed scar pregnancy I,according to the clinicalclassification.Preoperative catheterization indicated soy sauce urine. Catheterization revealed soy sauce pee prior to the procedure. The vein was extracted without coagulation, and it was discovered that the uterine scar diverticulum had accumulated 1500 ml of blood and the gestational sac throughout the procedure,and APTT>300 s,Fib 0.35 g/L,TT-RATIO>300; D-D 166.11 ug/ml↑,PLT 52×10^9/L,FDP 40ug/ml,DIC is clearly diagnosed。The following factors were thought to be connected to it:1. Placental abruption: In addition to the abdominal pain, the patient also had vaginal bleeding. This procedure is thought to be comparable to placental abruption. Blood builds up in scar diverticula during pregnant tissue abruption,rupturing and separating muscle fibers. The placental villi and decidua at the detachment site discharge a significant amount of tissue thromboplastin into the mother's bloodstream as a result of this procedure.While PT was largely normal or modestly extended, postoperative laboratory indications revealed a considerable decrease in Fib levels, an increase in FDP and D-D levels, and no significant decrease in platelet count. Regardless of clinical or laboratory signs;2. Missed miscarriage: An ultrasound revealed a 1.8 cm fetal bud free of fetal heart rate changes following 11+2 weeks of amenorrhea. Procoagulant compounds released by the placental tissue a few weeks after fetal death cause the mother to produce more platelet active substances, procoagulant factors, inflammatory response factors, etc., rendering her more susceptible to DIC than other pregnant women. Prothrombin complex 300IU, fibrinogen 2g, cryoprecipitate 10u, vitamin K1 10mg, total transfusion CRBC9U, fresh frozen plasma 950ml, hydration replacement, and preventative anti-infection therapy were all given. HCG went negative after three weeks of surgical monitoring, and fifty days later, menstruation returned to normal.

Scar pregnancy typically results in DIC because of severe bleeding. We should be aware of the DIC this patient developed prior to the procedure, particularly the vaginal bleeding and the urine color that does not correspond with the abdominal pain. Timely treatment and early detection are essential.

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