

OPISY PRZYPADKU CASE REPORT

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Life-threatening condition – gynaecology in Emergency Medical Team - case report

Postępowanie zespołu ratownictwa medycznego w zagrożeniu życia u pacjentki z objawami ginekologicznymi – opis przypadku

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Key words:

ginekologia, ciąża, położnictwo, jajowody, ciąża ektopowa

Słowa kluczowe:

gynecology, pregnancy, obstetrics, fallopian tubes, ectopic

The Medical Rescue team was called to broadly understood ill feeling in a patient at the age of 17. The ailments that were included in the trip card of the emergency medical team were related to weakness, palpitations. Arriving at the scene, the team found the patient in full logical contact, clearly weakened, pale, lying in bed. The patient did not report any pain.

In the initial study, the most important pathologies were: pale, cool skin; no perceived pulse on the radial artery and therefore no measurable blood pressure, fast heart rate recorded by examining the pulse on the carotid artery, sinus tachycardia visible after ECG recording. Hospital diagnosis and treatment: In hospital diagnostics, a massive bleeding in rectovaginal pouch was verified in amount of 1500ml of blood, still without any peritoneal symptoms. A life-saving surgical procedure within the reproductive system (excision of the fallopian tube) was performed and the patient left the hospital after 5 days of hospitalization.

Introduction

Emergency Medical Team (EMT) was called to a 17-year-old female patient. In the contents of the call, the medical dispatcher had included some information: palpitation, general malaise, weakness. The basic Emergency Medical Team, which included 3 paramedics, had been sent to the incident in the urgency code 2, meaning that the ambulance was to arrive without the use of sound and light signals, and the time from sending the call to Emergency Medical Team and setting off could not exceed 2 minutes.

Arrival to the call's destination

After arriving at the place of dispatch, Paramedics found a 16-year-old patient lying in bed. In the overall impression she was pale, in logical verbal contact. When speaking, she was fully-oriented about the place and herself. Following the patient assessment algorithm, the undermentioned was found:

airways–the airway's clear, not impended

Zespół ratownictwa medycznego został wezwany do pacjentki w wieku 17 lat zgłaszającej złe samopoczucie i narastające osłabienie. Dolegliwości zawarte w karcie wyjazdu zespołu ratownictwa medycznego opisywane były jako słabość i uczucie kołatania serca. Po przybyciu na miejsce zespół zastał pacjentkę w logicznym kontakcie, wyraźnie osłabioną, bladą, leżącą w łóżku. Pacjentka nie zgłaszała żadnych dolegliwości bólowych. W początkowym badaniu najważniejszymi patologiami były: blada, chłodna skóra; brak wyczuwalnego tętna na tętnicy promieniowej, a zatem brak mierzalnego ciśnienia tętniczego krwi, szybkie tętno rejestrowane przez badanie tętna na tętnicy szyjnej, tachykardia zatokowa widoczna po wykonaniu zapisu EKG. W diagnostyce szpitalnej potwierdzono czynne, masywne krwawienie do jamy brzusznej w ilości 1500 ml krwi bez objawów otrzewnowych. Wykonano ratującą życie procedurę chirurgiczną. Usunięto źródło krwawienia w obrębie układu rozrodczego (wycięcie jajowodu). Pacjentka opuściła szpital po 5 dniach hospitalizacji.

breathing – about 20 breaths of good quality, vesicular murmur on both sides
circulation – fast, thready pulse, poorly perceptible on the radial artery, systolic blood pressure about 40mmHg, the pulse on the carotid artery about 160 beats/minute, after connecting the ECG monitor, the heartbeat was compatible with the action on the monitor. A 12-lead ECG recording was made, interpreting sinus tachycardia at a frequency of about 160 beats per minute, without any features of myocardial ischemia.

disability – in a quick neurological assessment without abnormal pathologies, glucose level 140mg%

exposure – during the patient's examination, in the continuous presence of the parent, there were no features of external bleeding, no exanthema or oedema. Only visible paleness of the skin with its cooling in the distal parts of the body. Capillary Refill Time around 4 seconds, abdomen soft, not painful.

signs / symptoms – weakness, when trying to sit down, the patient reported that she was fainting, negates pain in any area of her body.

allergies – allergies denied

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medicines – no medications taken permanently

past medical history – treated cardiologically due to paroxysmal tachycardia, under the constant care of a cardiologist

last oral intake – last dinner around noon, the examination was around 5p.m.

events leading up to the injury and / or illness – when asked about pregnancy or its possibility – she negated

Peripheral venous catheter was inserted using an intravenous cannula in size 18G (fluid flow 80ml/min) with the immediate connection of 500ml of Optilyte infusion fluid. During the further examination, a decision to transport the patient to hospital was made. The team decided that the need of transport was urgent (with the use of sound and light signals). Before the transport, the patient lost consciousness along with an episode of convulsion lasting around 15 seconds. During the transport, a second intravenous drip infusion of Optilyte was administered with the addition of 2g MgSO₄. The cause of the pressure drop still had not been established. Patient's parameters had not changed except for the return of a perceptible pulse on the radial artery of approximately 110 beats/min and blood pressure 90/60mmHg.

Hospital diagnosis and treatment

In hospital diagnostics, a massive bleeding in rectovaginal pouch was verified in amount of 1500 ml of blood, still without any peritoneal symptoms. The bleeding was caused by the rupture of one fallopian tube due to the ectopic pregnancy. The surgeons undertook a life-saving procedure which was a resection of the fallopian tube and partial resection of greater omentum. After finding the source of bleeding and securing it, the patient was undertaken symptomatic treatment along with hospitalization in the gynaecology department. She came back home in good condition after 5 days in hospital.

Discussion

Ectopic pregnancy is a rare occurrence in 2% of all reported pregnancies. [1] The incidence of ectopic pregnancies increases the use of emergency antyreproductives in the form of levonorgestrel and progesterone. [2] The most common way to detect an ectopic pregnancy was abdominal pain, vaginal bleeding and serum β -hCG with median 11300 IU / L. [3] In recent years, with the increase in the frequency of termination of gestation, the number of pregnancy scars increased after this procedure which are the indirect cause of ectopic pregnancy. [4] The average gestational age presented at the time of diagnosis is six weeks [3,5] while

	0-24h	25-48h	49-72h	NORM	UNIT
WBC	27,2	10,46	10,86	4-10	G/l
RBC	2,36	3,43	3,72	4-5	T/l
HGB	4,51	6,29	6,67	7,5-10	mmol/l
HCT	0,217	0,3	0,328	0,37-0,47	-
sodium	139	139	135	136-145	mmol/l
potassium	4,2	3,6	4	3,5-5,1	mmol/l
INR		1,22	1,15	0,8-1,2	-

source: own study

Tabela I.

Values of important for life morphological parameters during hospitalization.

the described case was revealed in the 8th week of pregnancy with the level of β -hCG equal to 8708 UI / L.

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