A Case of DIC in the third trimester following intrauterine fetal death: An indwelling neuraxial catheter dilemma

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A Case of DIC in the third trimester following intrauterine fetal death: An indwelling neuraxial catheter dilemma

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CASE DESCRIPTION
A healthy 35 year-old G5P4 female with four previously uncomplicated vaginal deliveries presented at 37 4/7 weeks with a 3 day history of absent fetal movement. Ultrasound examination revealed intrauterine fetal demise (IUD). She was admitted for induction of labor with misoprostol and oxytocin. An epidural was placed for analgesia and successful fetal delivery occurred three hours later.

Approximately two hours following delivery, the patient was noted to have significant vaginal bleeding and was brought emergently to the operating room for evaluation and repair of a cervical laceration under anesthesia administered via the in situ epidural catheter.

Given the severity of the bleeding and the patient’s ill appearance, the epidural catheter was not manipulated and subsequent laboratory findings revealing disseminated intravascular coagulation (DIC). Trace bleeding was noted at the epidural catheter site. Serial labs were monitored and the patient was treated with 4 units of fresh frozen plasma, 5 units of packed red blood cells, 1 unit of platelets and 2mg of oral Vitamin K.

The patient demonstrated full reversal of her coagulopathy after approximately 36 hours (Fig. 3, INR <1.5) in addition to being free of the underlying cause of her abnormality via fetal delivery, the decision was made to remove the epidural catheter following repair of the cervical laceration.

REFERENCES