Introduction: Preeclampsia can lead to eclampsia, a serious condition that can have health risks for both mother and baby and in rare cases, cause death. Women with preeclampsia who have seizures have eclampsia. The World Health Organization estimates that globally between 50,000 and 75,000 women die of this condition each year.

Nigeria has the second highest number of maternal deaths in the world; the prevalence of eclampsia/pre-eclampsia is reported at 163 per 10 000 deliveries.

The following factors contribute to high maternal morbidity and mortality due to pre-eclampsia and eclampsia: substandard care due to under staffing or un-skilled birth attendants, lack of knowledge or awareness of preeclampsia, poor and inadequate antenatal care (ANC) services seeking behavior, religious or traditional beliefs and lack of finance.

Objectives: The aim of the study is to assess the prevalence and associated preventable factors of preeclampsia among pregnant women in Nigeria.

Case study: This case study was taken from University of Ilorin Teaching Hospital Nigeria (UITH).

A 33-year-old primigravid woman at 40 weeks gestation, presented to the emergency department with complaints of absence of fetal movement. An emergency ultrasound revealed absent fetal heart rate and movement. Past medical history revealed that she had been referred to UITH 3 weeks prior to the incidence on account of preeclampsia but had refused to come for consultation and treatment. After induction, the fetuses were expelled. Both fetuses were dead and fetal transfusion syndrome was also diagnosed. The woman was treated accordingly and appropriately counselled on the importance of antenatal care services to prevent reoccurrence in her next pregnancy and was given information around pre-eclampsia.

WHO recommends at least four ANC visits during the pregnancy, less than 39% of pregnant women seek ANC in Nigeria. In a study conducted by Osungbade et al., 2008, the authors found inadequacies in the content of ANC services at the secondary healthcare facilities area.

One facility-based study in Jigawa state in Northern Nigeria, attributed 46.1% of maternal deaths to pre-eclampsia and eclampsia, where there is a high prevalence of early marriage (young age is a risk factor for pre-eclampsia).

Conclusion

Health seeking behavior towards pregnant women should be encouraged for both urban and especially rural areas, who opt to have home births because they do
not see the importance of visiting hospitals. Women of reproductive age should be advised on the need for regular antenatal care attendance. There is a need for continuous sensitization on the importance of ANC as well as ensuring the services accessible, acceptable, affordable and of good quality. These will provide a chance to diagnose preeclampsia as early as possible and to prevent the complications.

References:


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A CLINICAL CASE REPORT ON LEIOMYOMA

Anthony Fortune Zigalobari
V. N. Karazin Kharkiv National University
School of Medicine, Kharkiv

ORCID ID: 0000-0003-0284-7531

Kozub Tetiana Alexandrivna
MD, PhD
Department of Obstetrics and Gynecology
V. N. Karazin Kharkiv National University
UKRAINE

Introduction: Leiomyoma is a benign tumor of smooth muscle, the type of muscle that is found in the heart and uterus. A leiomyoma of the uterus is commonly called a fibroid; it rarely becomes cancer (0.1%). Uterine fibroids are the single most common indication for hysterectomy. Fibroids are hormone-dependent tumours and it has been proven that estrogens contribute to their growth. It can be present and be inapparent. However, they are clinically apparent in up to 25% of women and may cause significant morbidity, including prolonged or heavy menstrual bleeding, pelvic pressure or pain, and, in rare cases, reproductive dysfunction. Both the economic cost and the effect of fibroids on quality of life are substantial. [1]

Clinical case: The Patient, a 37 year old female presented with nausea when she eats large amounts of food, frequent urination. Abdomen is distended on palpation, a lumpy firm mass is palpable extending from the pubic symphysis to midway between the umbilicus and the xiphisternum (equivalent to 16-week pregnancy). It is non-tender and mobile, not fluctuant and not possible to palpate beneath the mass. No abdominal pain, normal bowel habits. Her periods have been regular, every 27 days and have always been heavy , with clots and flooding on the second and third days. She has never had any treatment for heavy periods. She has been with her partner for 7 years and despite not using contraception she has never been pregnant.