Clinical study on obstetric variables affecting perinatal mortality in placental abruption

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목적: To evaluate obstetric variables in the placental abruption that affect perinatal mortality.

방법: We reviewed clinical data of all singleton deliveries complicated with placental abruption between January 2000 and December 2007, in Department of Ob.&Gyn., Sanggye Paik Hospital.

결과: Placental abruption complicated 54 cases (0.55%) of all deliveries (n=9,903) from January 2000 to December 2007. The peak age was 26~30 years (42.1%). The most common symptom was vaginal bleeding (57.4%) and intrauterine fetal death had already occurred in 9.3%. Perinatal mortality rate was 13.0% and there was no maternal death. 38.9% of placental abruption occurred between 33 to 36 weeks of gestational age. 38.9% of placental abruption was diagnosed before delivery with ultrasonography and 9.3% was chronic placental abruption. 33.3% of placental abruption was associated with preeclampsia, and then associated with PPROM (24.1%), Uterine myoma (3.7%), chronic hypertension (1.9%) and smoking (1.9%). When the hypertensive disorders were associated, fetal distress rate was higher than normotensive pregnancy (63.2% vs 20.0%, P-value: 0.005). Mean gestational age (days) (194±32.8 vs 248.12±28.0, P-value<0.001) and the severity of placental abruption (P-value: 0.005) affect perinatal mortality in placental abruption. The most common complication of placental abruption was DIC (16 cases, 29.6%) followed by Couvelaire uterus (4 cases, 7.4%) and uterine rupture (1 case, 1.9%).

결론: Obstetric variables that affect perinatal mortality were gestational age at the diagnosis and the severity of placental abruption.