

Case presentation: A 42-year-old unmarried diagnosed patient with Parkinson's disease was admitted with progressive swelling of four months' duration. She was 30 weeks pregnant with asymmetrical FGR. She sporadically established eye contact and was following simple commands. She required help with feeding, dressing and mobilisation. She was noted to have marked bradykinesia, mask-like facies, and resting tremor. She was pale with haemoglobin of 7.3 g/dl and 2 units of packed red cells were transfused. Subsequently, her Doperminergic drug dosage (Syndopa) was increased from ½ tab tds to ½ tab qds and anticholinergic dosage (benzhexol) was decreased from 2mgtds to 1mg tds. There after she developed altered mental status, lead-pipe rigidity, urinary incontinence, dysphagia and hyper salivation. She spoke occasionally in response to questions with one or two words. She became sweaty and tachycardic. And her temperature was around 104-105°F. It did not respond to tepid sponging, fanning, paracetamol, NSAIDS or antibiotics. Her WBC, liver, renal functions, serum electrolytes, CRP, UFR, Blood cultures, 2D echo, Serum Ca, and Phosphorus were normal. Serology of HIV, VDRL, and Hepatitis were negative. IV Merapenam 1g 8 hourly was started. Subcutaneous enoxaparin prophylaxis was started due to immobility. CPK was 995.7U/L and diagnosis of neuroleptic malignant syndrome as a consequence of benzhexol withdrawal was made. Aggressive fluid resuscitation was done to prevent acute renal failure and enhance excretion of muscle break down products. Benzhexol was titrated and resulted in prompt improvement within three days with normalization of CPK. At 37 weeks of gestation she was delivered of a healthy boy of 2.25 kilograms.

Conclusion: Neuroleptic malignant syndrome has high morbidity and mortality. Complications of NMS include acute renal and respiratory failure. Effect of hyperthermia on fetus can cause structural and functional defects especially in CNS. Although the diagnosis of NMS is challenging, if suspected, it can be treated successfully to save both lives during pregnancy.

EP19

Abnormal Uterine Bleeding in a woman with previous two caesarean scars and an isthmocoele

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Background: Isthmocoele or Caesarean Scar Defect (CSD) is a result of uterine scar dehiscence. It may cause Abnormal Uterine Bleeding (AUB), infertility or pain.

Case: A 36-Year-old woman, with previous two caesarean sections, presented with heavy menstrual bleeding for two months' duration. Pelvic examination revealed a healthy cervix with normal sized uterus. Trans-vaginal scan showed triangular defect in anterior wall of the uterus towards lower segment. Pregnancy was excluded. Since patient did not respond to the medical management, diagnostic hysteroscopy was planned. There were adhesions over the previous caesarean scar extending from anterior wall to the posterior wall with a bulging noted more towards the right end of the scar. There were no endometrial polyps, no evidence of infection or Sub mucosal fibroids. Diagnosis was made as isthmocoele.

Conclusion: Prompt identification and appropriate

management of CSD are relevant for symptom alleviation, improvement in quality of life, and successful pregnancy. Diagnosis is made with transvaginal scan, saline infused sonogram, hysterosalpingogram, hysteroscopy and MRI. In isthmocoele, collection of secretions and blood in the defect is expelled in the post-mensuration period. Poorly co-ordinated myometrial contraction causes heavy menstrual bleeding. Management of the isthmocoele depends on symptoms and fertility wishes. Treatment includes anti-fibrinolytics, hormonal therapy, hysteroscopic resection, transvaginal repair and hysterectomy. With the increasing number of caesarean sections these conditions are expected to increase and availability of hysteroscopy and expertise needs to be increased.

EP21

Use of levonorgestrel intrauterine system (LNG-IUS) for abnormal uterine bleeding in a tertiary care hospital, Sri Lanka

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Introduction: Abnormal uterine bleeding is a common gynaecological problem affecting 10-30% of women. It adversely affects the quality of a woman's life. The LNG-IUS satisfaction rates are comparable to hysterectomy and reduction in monthly menstrual blood loss is over 90%. LNG-IUS has been found as a good alternative to hysterectomy in women with perimenopausal AUB.

Method: A descriptive study conducted at the Professorial Unit, Colombo South Teaching Hospital, Kalubowila to find out indications, success rate, complications and patient satisfaction. Data was obtained from the direct interview of women who underwent insertion of LNG-IUS from May 2016 to May 2017.

Results: Mean age was 42 years in 32 patients with abnormal uterine bleeding who had undergone LNG-IUS insertion. 75% (24/32) of patients underwent endometrial assessment prior to insertion. Majority of patients (25/32) were with ultrasonic findings of adenomyosis. All the patients were satisfied with information they received about LNG-IUS. Insertion was done under general anaesthesia in 37.5% (12/32) of patients while rest of them were inserted without anaesthesia. 9% (3/32) of patients were anaemic and needed transfusion before insertion. Reduction of menstrual bleeding occurs in 81%(26/32) after 2-3 months while 12.5% (4/32) needed hysterectomy due to failure of treatment. 75% (24/32) were satisfied with the treatment. Spontaneous expulsion occurred in 6.25% (4/32). Of them three underwent hysterectomy due to expulsion and the other was managed medically. Progesterone side effects such as breast tenderness, headache was seen in 25% (8/32) but it did not lead to discontinuation of therapy.

Conclusion: A higher success rate and patient satisfaction indicate that LNG-IUS is highly effective treatment for AUB in local setting. Therefore, we recommend LNG IUS as an alternative to hysterectomy for benign gynaecological conditions.

EP23

Intimate partner violence before and during pregnancy among women attending antenatal clinic at Maha Oya Base hospital: A descriptive study.