

undergone a negative laparotomy for suspected ectopic pregnancy with sustained β hCG values around 1500 IU one year ago. On current admission USS revealed 12.5mm thick endometrium and a thin rim of free fluid. Urine hCG was positive, Haemoglobin was 6g/dl. Differential diagnosis was ectopic pregnancy, septic abortion or trophoblastic disease. Serum β hCG was 225 000 IU ad Non contrast CT brain revealed masses in the left temporal and parietal region and right posterior frontal region with perilesional oedema. Chest X ray showed a suspected shadow. Probablediagnosis was metastasised trophoblastic disease. Patient was transferred to Cancer Institute Maharagama for further management. 2D Echo revealed fragile myxoma and suspected metastatic deposits. Trans oesophageal echo cardiogram detected cardiac thrombi of possible secondary deposits. Patient improved with initial chemotherapy regimen but resistance developed later on.

Discussion: Choriocarcinoma is very sensitive to chemotherapy. Single agent methotrexate is recommended for low-risk while combination regimens including EMACO (etoposide, methotrexate, actinomycinD, cyclophosphamide and vincristine are recommended for intermediate or high-risk disease. Surgical removal followed by chemotherapy combined with irradiation is the treatment of choice in patients with progressive neurological deterioration in whom chemotherapy alone is ineffective. Non-metastatic GTN and metastatic low– risk GTN have a cure rate close to 100% with chemotherapy. In metastatic high-risk GTN the cure rate is 75%.

EP39

Knowledge and practices among pregnant women with anaemia

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Background: Iron deficiency anaemia remains a common nutritional problem in pregnancy, even though health system of Sri Lanka has a policy of free provision of iron supplements to all pregnant women. Anaemia in pregnant women is higher (25.2%) in Jaffna district than the National levels (20%). Various factors contribute to this high incidence.

Objective: To assess knowledge and practices among pregnant women with anaemia.

Methods: This study was conducted among pregnant women, who attended the antenatal clinic at Teaching Hospital, Jaffna. They were randomly selected. An interviewer administered questionnaire was used to collect the data.

Results: Ninety-four women participated in this study. 57.4% (54/94) were anaemic according to WHO definition, of them 87% had mild and 13% had moderate anaemia. 63.8%(60/94) had adequate knowledge on iron rich sources. Even though 93.6% (88/94) were aware of the supplementation, only 46.8% (44/94) knew about proper method of consumption during pregnancy. Common side effects of iron tablets were known by 43.6% (41/94). Knowledge on effects of anaemia on pregnancy was satisfactory among 68.1% (64 /94). Among anaemic women 75.9% (41/54) were on double dose of iron and only 53.7% (29/54) were aware of their condition.

Conclusions: Almost all women have satisfactory knowledge on supplementation during pregnancy. Knowledge on iron rich sources and effects of anaemia on pregnancy was satisfactory. But knowledge on proper consumption and common side effects

of iron tablets were lacking and most of the anaemic women were unaware of their condition. Public health implication: Interactive educational programs involving all antenatal women regarding anaemia during pregnancy to deal with prevention of anaemia by improving; bio availability of iron, sources of iron, and side effects of iron tablets will help to reduce the incidence of anaemia and consequent adverse outcomes.

EP40

A case report of uterine rupture of an unscarred uterus during labour

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Introduction: Uterine rupture during labour is a serious and uncommon obstetrical complication that can lead to poor outcomes for the mother and her child if not immediately diagnosed and treated. Spontaneous uterine rupture commonly occurs during labour in parturients with a scarred uterus and is much rarer on an unscarred uterus.

Case history: A 32-year-old woman with two children, at 39weeks of gestation was admitted to the hospital with abdominal pain of eight-hour duration. Her antenatal period had been unremarkable and past obstetrics history included two uncomplicated spontaneous vaginal deliveries. There was no history of uterine surgery, trauma or other risk factors for uterine rupture, namely diagnostic or therapeutic intrauterine interventions. On admission the patient was hemodynamically stable without abdominal tenderness, vaginal examination revealed that she was in early labour. Labour progressed well and four hours later she was fully dilated. Artificial rupture of membranes was done. After one hour, there was no further progress, it was left occipito anterior position without obstructive features. Cardiotocograph was normal. As she had moderate 2 –3 contraction/10minutes without progression, she was started with oxytocin infusion. After 30 minutes' fetal bradycardia was noted and ventouse was not successful. During emergency caesarean section haemoperitoneum was noted and the fetus was found protruding into the abdominal cavity. A male still born fetus weighing 2950 g was delivered. Uterine rupture involving the lower segment of right side extending to the left cornu was detected and sutured. Haemostasis was achieved. The patient received blood transfusion and the postoperative recovery was uneventful.

Conclusion: In our patient the use of oxytocin and assisted delivery, though indicated, probably contributed to the rupture of the uterus. Obstetrician needs to be ever watchful for the symptoms and signs of uterine rupture as treatment needs to be swift and aggressive. With prompt diagnosis and treatment, the complications from uterine rupture can be minimized.

EP41

The Correlation between the received analgesia and patient satisfaction during current labour and analgesics preference in next labour

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Objectives: To study, firstly the relationship between the received analgesia for this labour and patient satisfaction, and secondly the individual patient preferred analgesic plan for the