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Service anesthésie réanimation

Centre de maternité



Post partum dyspnea

Le 12-2-2011

**Dr Toumi S
Rdt: Kahloul M**



The image shows the exterior of a hospital building. A large sign in Arabic script is visible at the top, and below it, a sign in French reads "SERVICE DES URGENCES". The building has a modern architectural style with large windows and a covered entrance. Several people are standing near the entrance, and a bicycle is parked in the foreground. The overall scene is brightly lit, suggesting daytime.

Cas report n 1

Patiente âgée de 19 ans

ATCD: RAS

G1 P1 A0

Enceinte à 39 SA

Adressée pour pré éclampsie sévère

Extraction par V/B

Hémorragie de la délivrance:

Atonie utérine + déchirure du col cervical

Instabilité hémodynamique, déglobulisation (Hb 4)

trouble de l'hémostase (TP 26 %, thrombopenie 65000)

The image shows the exterior of a hospital building. The main sign on the facade reads "SERVICE DES URGENCES" in large red letters. Above it, there is Arabic text: "مركز الطوارئ" (Emergency Center). Below the main sign, there is a smaller sign that says "ملاحظة: يرجى انتظار سيارات الإسعاف في هذا المكان" (Note: Please wait for ambulances in this place) and "OBSERVEZ POUR LES AMBULANCES!". Several people are standing near the entrance, and a bicycle is parked in the foreground. The building has a modern architectural style with large windows and a white facade.

CAT ?

CAT:

- Drogues uterotoniques (synto, nalador)
- Transfusion par 6 CG, 4 culots plaquettaires et 14 PFC
- Révision utérine et réparation de la plaie sous anesthésie générale

Evolution:

Arrêt du saignement et stabilisation de l'état hémodynamique

J 2 post partum:

aggravation hémodynamique et respiratoire

Transfert en réanimation

Examen à l'admission:

Agitation

TA: 9/6

FC: 140 bpm

FR: 35 cpm

SpO2: 90 % (MHC 10 l/min)

A/C P: rythme rapide, des râles crépitant diffus aux deux champs pulmonaires

OMI

Mollets souples

Oligo anurie

GDS (AA):

pH: 7.44

SaO₂: 81 %

PaO₂: 7.6 KP

PaCO₂: 3.25 KP

HCO₃⁻: 16.9

D dimers > 8000

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Diagnostic ?

ECG

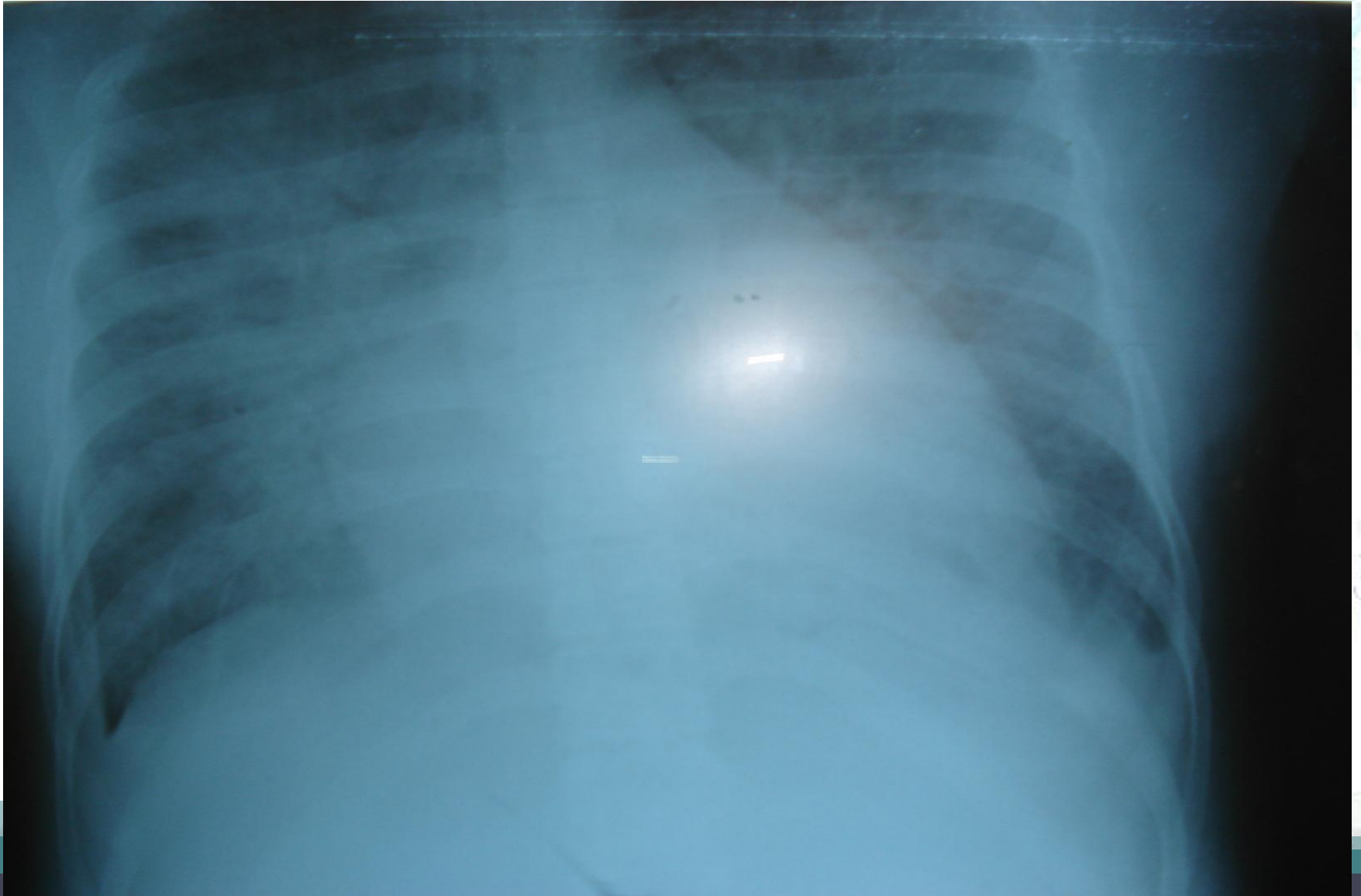
RRS

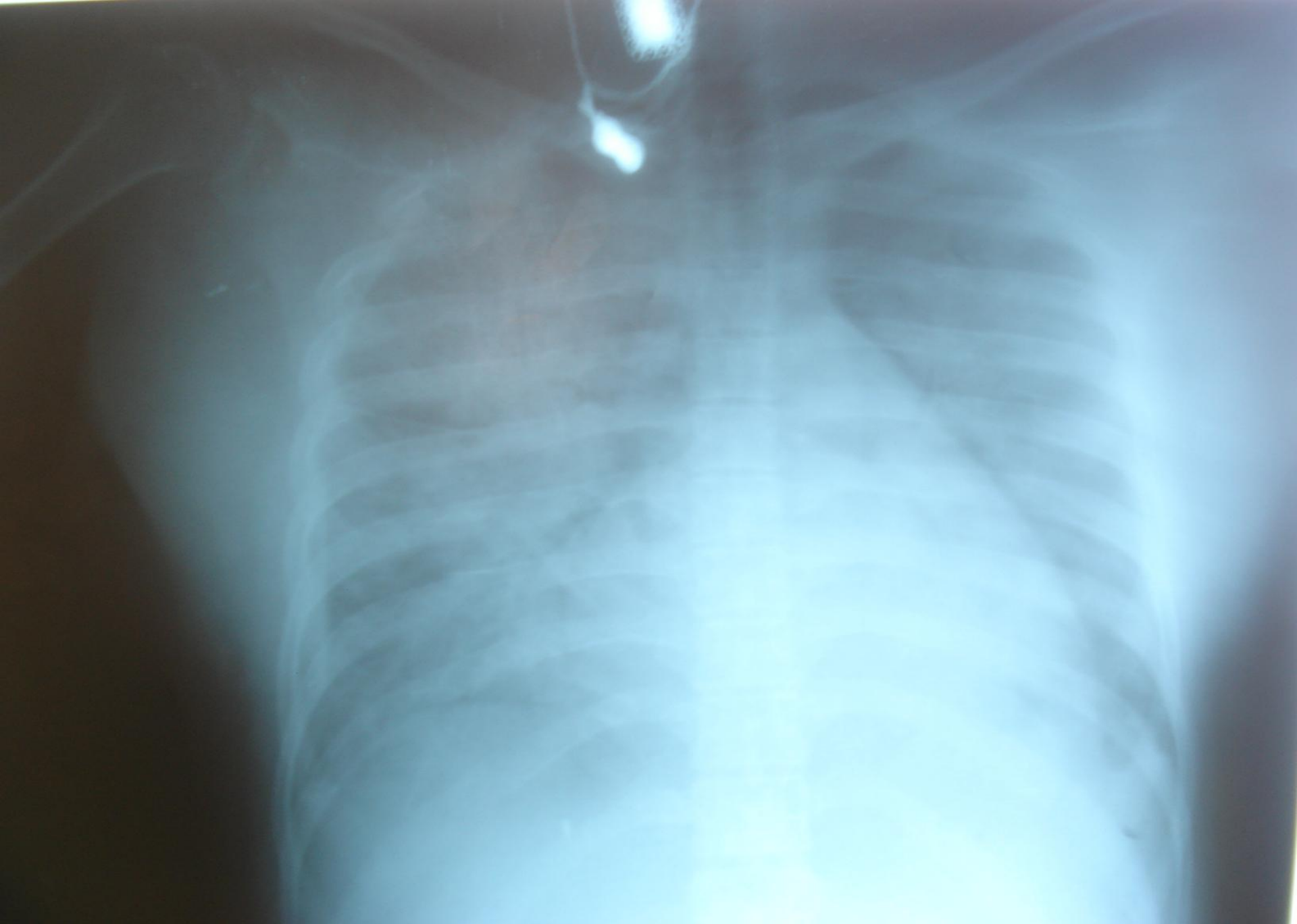
Axe normal

FC 140 bpm

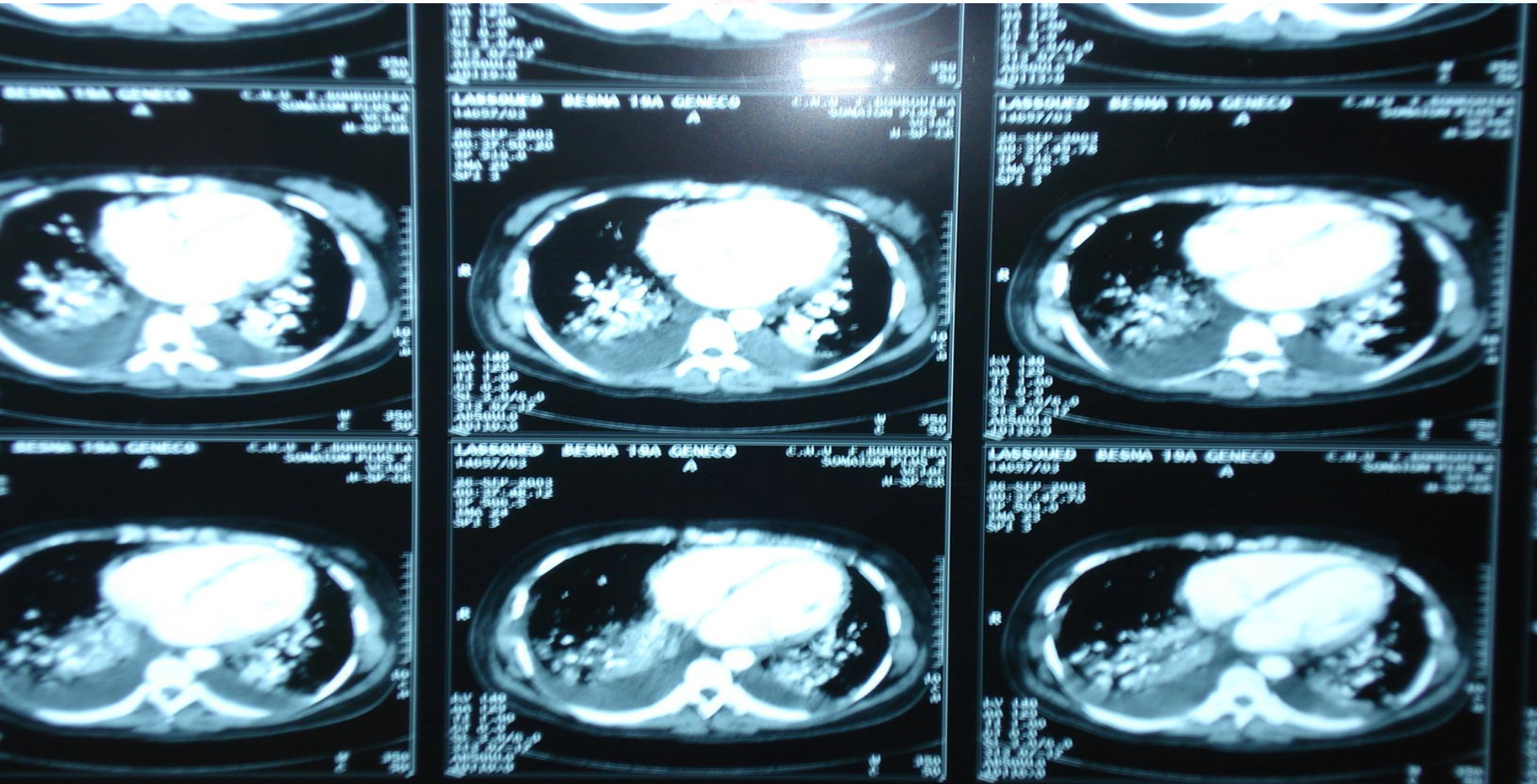
Pas d'anomalies cavitaires

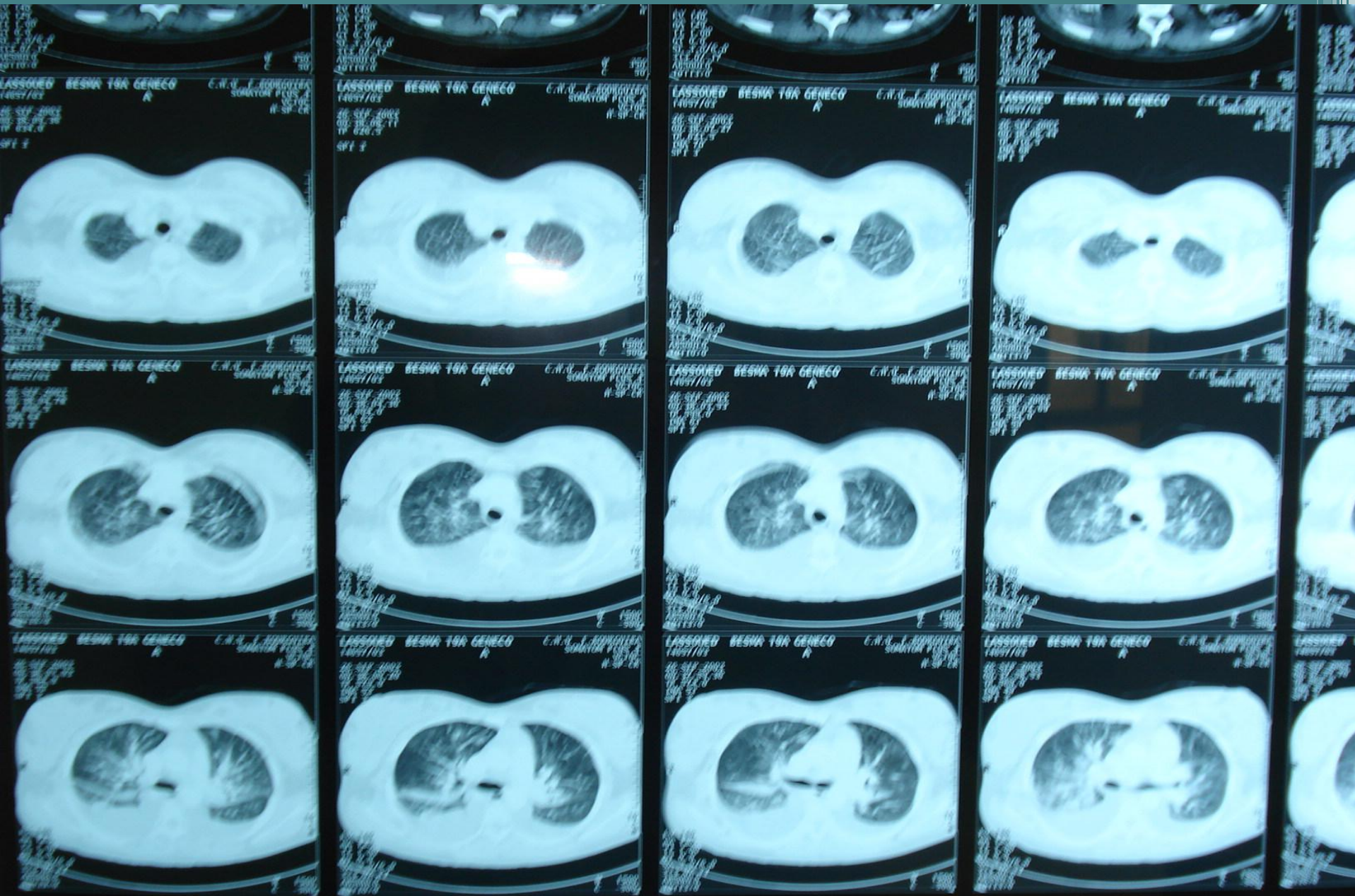
Rx thorax.

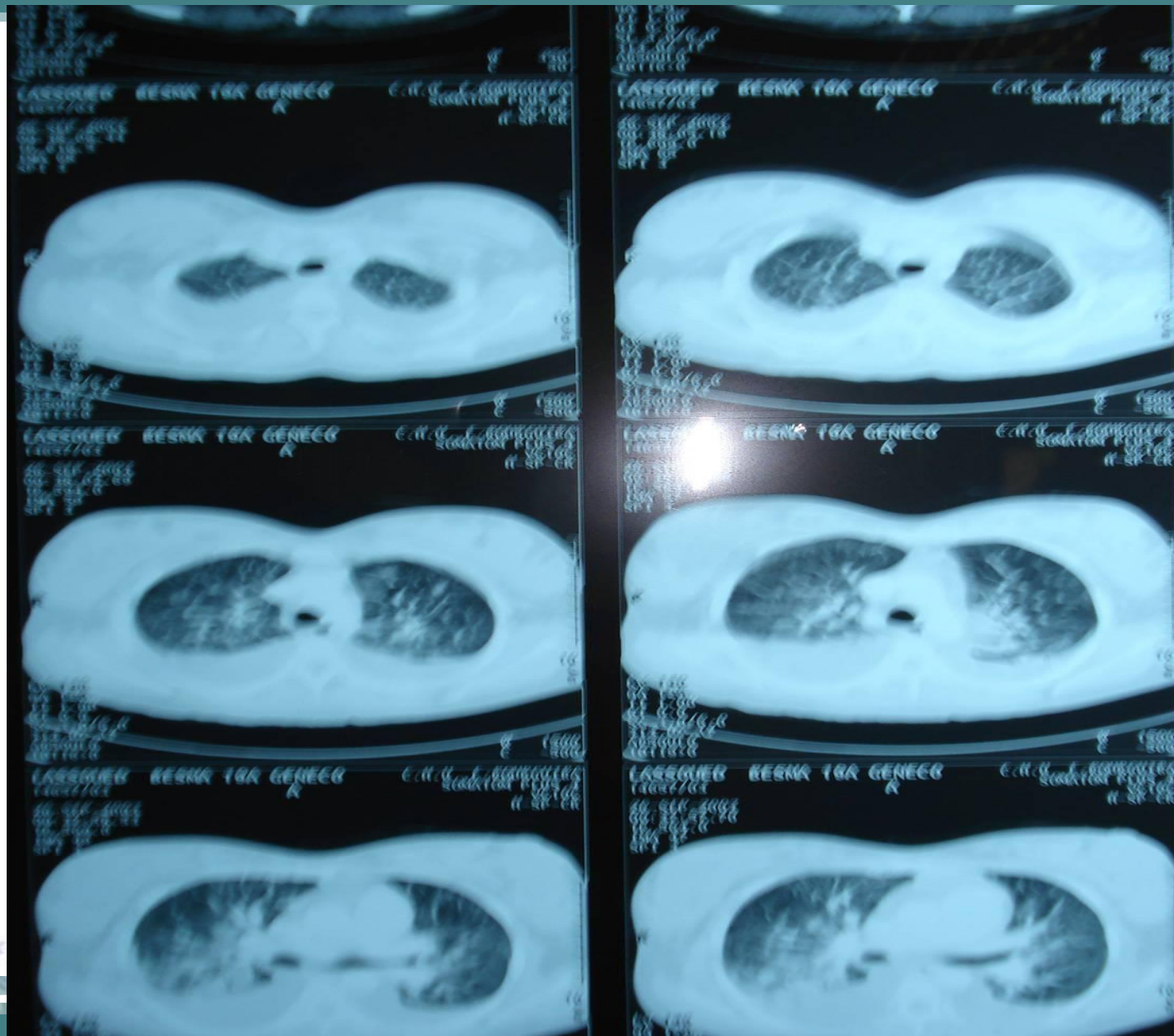


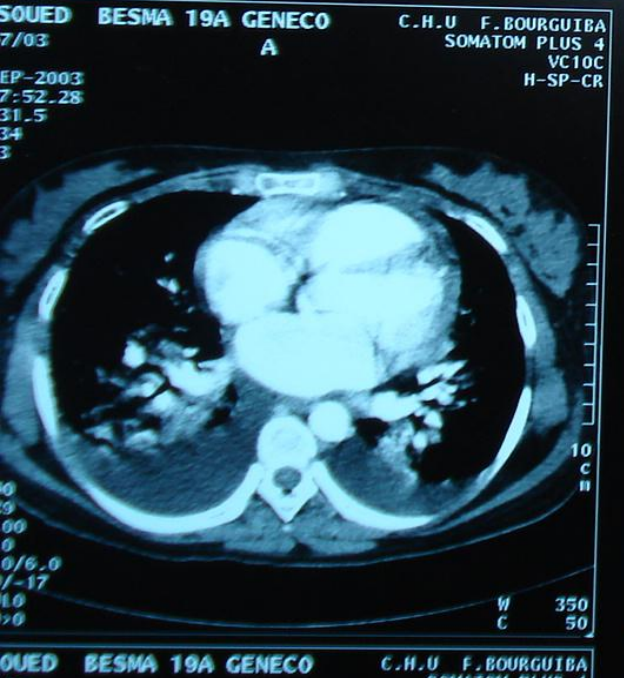
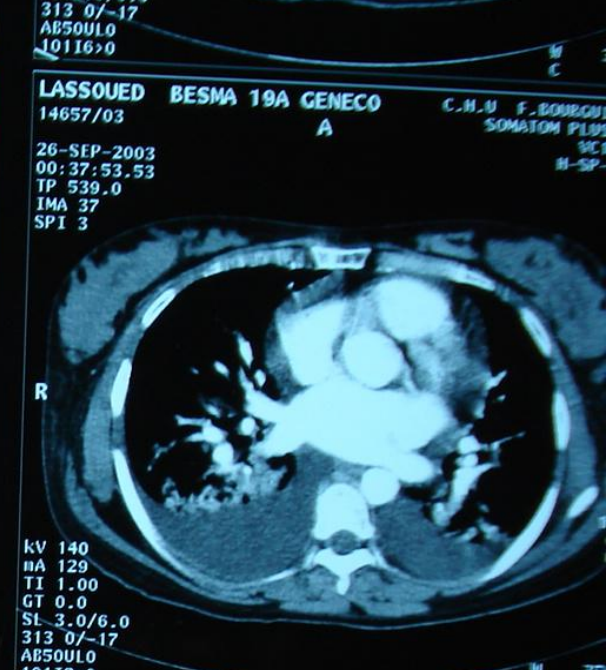


Angioscanner thoracique









CAT :

- Intubation ventilation sédation
- Diurétiques
- Drogues vaso actives
- Drainage thoracique
- Héparinothérapie

Evolution:

ACR hypoxique

Données de l'autopsie:

Cardiomyopathie de péri-partum