

## Role of Carboprost in Post Partum Haemorrhage

Dr.K. Veerabhadraiah.M.D.

Associate Professor, Government Medical College, Anantapuramu.

**Abstract:** Prostaglandins are used regularly in the labor for priming of cervix and labor in control of Post Partum Hemorrhage. At times the parental prostaglandins are having fatal complications like Sub endocardial Ischemia and myocardial Infarction. We report 25yrs old female G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> had normal vaginal delivery and developed P.P.H. Injection carboprost (PGE<sub>2</sub>) was given, immediately we noticed diffuse sub endocardial ischemic changes & shock. They reverted that with the conservative treatment.

**Key Words:** Prostaglandins, post partum Hemorrhage, Carboprost.

### I. Introduction

Prostaglandins are a group of physiologically active lipid compounds .Prostaglandin have found in almost every tissue in humans .They are derived enzymatically from fatty acids. Prostaglandins are derivatives of **prostanoid acid** with the property of acting as **local hormones**. There are currently ten known prostaglandin receptors on various cell types. Prostaglandin causes constriction/dilation in vascular smooth muscles, induces labor, causes aggregation /disaggregation of platelets.

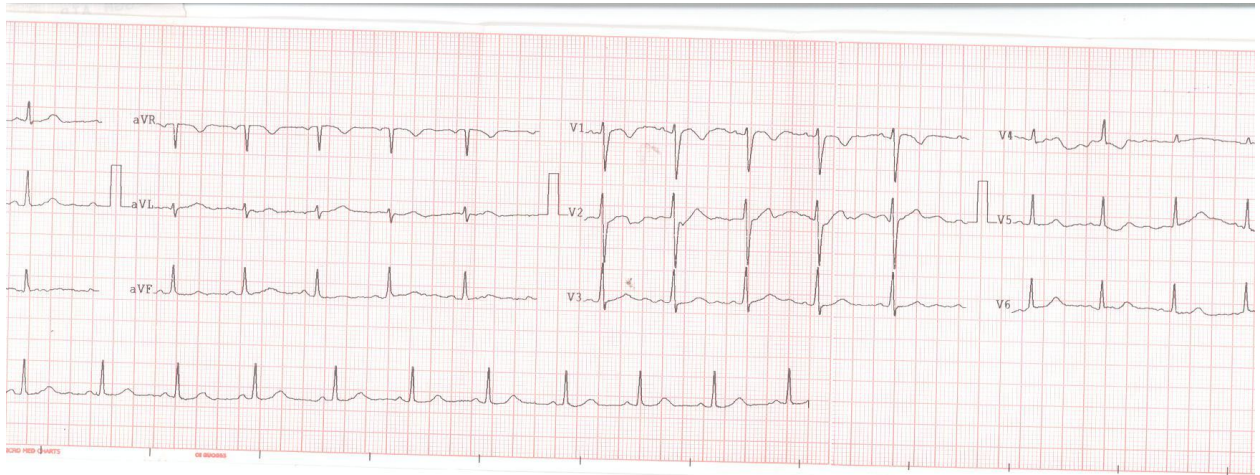
Type	Receptor	Receptor type	Function
PGI <sub>2</sub>	IP	G <sub>s</sub>	<ul style="list-style-type: none"> <li>• vasodilation</li> <li>• inhibit platelet aggregation</li> <li>• bronchodilation</li> </ul>
			<ul style="list-style-type: none"> <li>• bronchoconstriction</li> <li>• GI tract smooth muscle contraction</li> </ul>
PGE <sub>2</sub>	EP <sub>1</sub>	G <sub>q</sub>	<ul style="list-style-type: none"> <li>• bronchodilation</li> <li>• GI tract smooth muscle relaxation</li> <li>• vasodilation</li> </ul>
	EP <sub>2</sub>	G <sub>s</sub>	<ul style="list-style-type: none"> <li>• ↓ gastric acid secretion</li> <li>• ↑ gastric mucus secretion</li> <li>• uterus contraction (when pregnant)</li> <li>• GI tract smooth muscle contraction</li> <li>• lipolysis inhibition</li> <li>• ↑ autonomic neurotransmitters</li> <li>• ↑ platelet response to their agonists and ↑ atherothrombosis in vivo</li> </ul>
	EP <sub>3</sub>	G <sub>i</sub>	<ul style="list-style-type: none"> <li>• hyperalgesia</li> <li>• pyrogenic</li> </ul>
	Unspecified		<ul style="list-style-type: none"> <li>• uterus contraction</li> <li>• bronchoconstriction</li> </ul>
PGF <sub>2α</sub>	FP	G <sub>q</sub>	<ul style="list-style-type: none"> <li>• uterus contraction</li> <li>• bronchoconstriction</li> </ul>

### II. Casereport

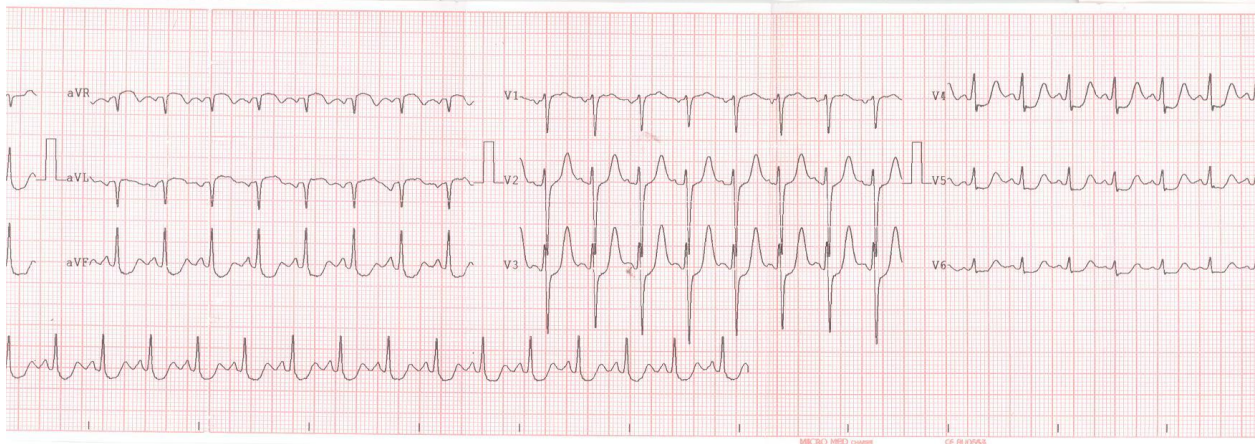
The patient name Mrs. Nagalakshmi aged about 25yrs .G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> admitted with full term. She had no risk factors except anemia (8.4gms) antenatally, routine investigations, ECG and X-ray are in normal limits. She had normal vaginal delivery, and she developed immediate Post Partum Hemorrhage, tab.Zytotec 200mg was given per rectally but the bleeding was not controlled .Then injection carboprost was given IM. Immediately She developd tingling sensation all over the body. Pulse was feeble, B.P was not recordable. Then she was treated with Haemocele 1.5 simultaneously dopamine was started in incremental dose. Routine ECG was taken, it shown ST depression in inferior and chest leads .Treated conservatively, blood 1 ® was transfused .The patient was recovered, pulse, B.P became normal after 1-2 hours.

ECG reports

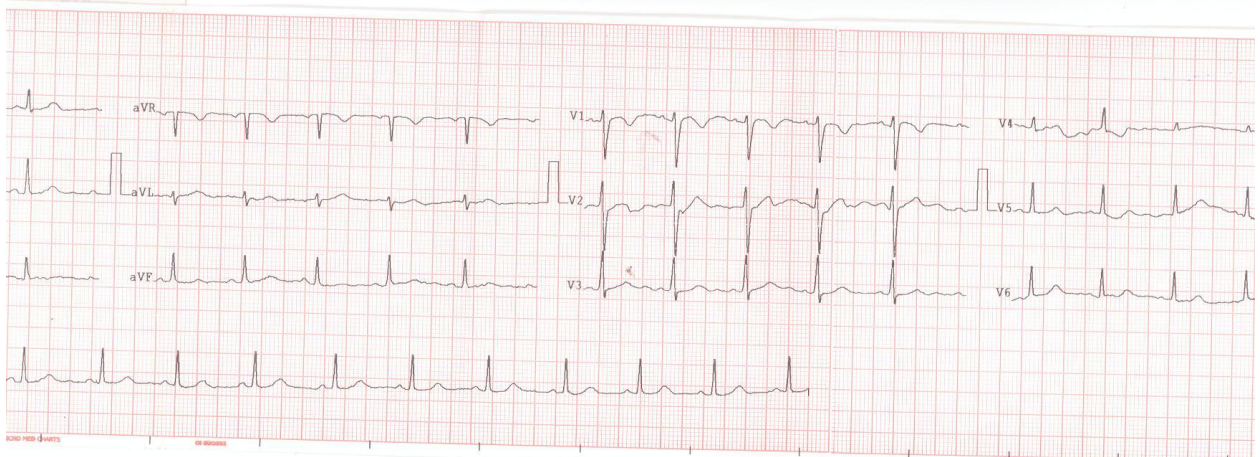
Antenatal ECG Report



After parentral administration of carboprost -Showing S.T depression



After the treatment



### III. Discussion

Post Partum Haemorrhage is still one of the causes of maternal mortality. Postpartum hemorrhage (PPH) is an obstetrical emergency that can follow vaginal or cesarean delivery. Uterine atony is responsible for most cases and can be managed with uterine massage in conjunction with oxytocin, prostaglandins. Prostaglandins are mainly used for Post Partum Haemorrhage, when other measures failed to stop bleeding prevention preventively, as second time of treatment we can use the prostaglandins.

Injection carboprost (1ml) was used to treat the Post Partum Haemorrhage, caused by uterine atony, not controlled by others methods. Carboprost is a man-made oxytocic medication that mimics the action of a

naturally occurring chemical called prostaglandin F<sub>2</sub> alpha. It is supplied with salt derivative tromethamine in one ml ampoule, containing a 250mg per 1ml solution of the active drug carboprost tromethamine also stimulates the myocardial contractions, the resultant myometrial contractions provide hemostasis at the site of placentation. At times carboprost produces severe side effects like endocardial ischemia at times myocardial infarction, postnatally 2D echo was done, it reveals mild TR & MR with good RV, LV function normal valves, no RWMA.

#### **IV. Conclusion:**

In this case of severe post partum haemorrhage, complicated by the shock and sub endocardial ischemia which is developed by the inj. Carboprost. It is suggested patient should have proper screening antenatally.

#### **References:**

- [1]. Drife J. Management of Primary Post partum haemorrhage (commentary). *Br.J.Obstet Gynaecol* 104:275-277,1997.
- [2]. Markos AR. Prostaglandin E<sub>2</sub> intrauterine suppositories in the treatment of secondary postpartum haemorrhage. *JR Soc Med* 82(8):504-505, Aug 1989.
- [3]. Rang, H.P. (2003). *Pharmacology* (5<sup>th</sup> ed). Edinburgh: Churchill Livingstone. p.234. ISBN 0-443-07145-4.
- [4]. P.J. Piper *Postgrad Med J.* 1977 Nov; 53(625): 643–646.
- [5]. Nelson, Randy F. (2005). *An introduction to behavioral endocrinology* (3<sup>rd</sup> ed). Sunderland, Mass: Sinauer Associates. p.100.
- [6]. Vukelic J (2001). "Second trimester pregnancy termination in primigravidas by double application of dinoprostone gel and intramuscular administration of carboprost tromethamine". *Med Pregl* 54 (1–2): 11–6.
- [7]. Bai, J; Sun, Q; Zhai, H (2014). "A comparison of oxytocin and carboprost tromethamine in the prevention of postpartum hemorrhage in high-risk patients undergoing cesarean delivery." *Journal of Experimental and Therapeutic Medicine* (1): 46–50.
- [8]. Sundberg F, Ingleman-Sundberg L, Rydin G: The effect of prostaglandin E<sub>2</sub> on the human uterus and the fallopian tubes in vitro. *Acta Obstet Gynecol Scand* 42: 269, 1963.
- [9]. Barbieri RL. "Planning reduces the risk of maternal death. This tool helps". *OBG Management* (2009) 21 (8):8-10
- [10]. Ekeroma AJ, Ansari A, Stirrat GM. Blood transfusion in obstetrics and gynaecology. *Br J Obstet Gynaecol.* 1997;104:278–84