



# SILENT MISCARRIAGE

GÖZDE POLAT & ZOË SLACK

# CASE PRESENTATION

- 25 year old Caucasian female
- Last period 15 weeks ago
- Confirmed pregnancy – primigravida
- BP: 120/85, urine dip: nothing of concern
- PMH: Nil of note and NKDA
- Presents with painless light vaginal bleeding occurring 1/52 ago
- Also mentions she does not feel sick anymore and her breast tenderness has resolved (symptoms of pregnancy have reduced)

# ON EXAMINATION

## Speculum

- Cervical os closed
- No blood/tissue around os or in the vagina

# INVESTIGATION

## TVUSS

- Crown rump length **6 mm**
- No fetal heart beat detected
- Uterus small for dates

What do you think the diagnosis is?

# MISCARRIAGE

For women 30 years or younger approx. 20% of pregnancies end in miscarriages and the rate goes up to 50% for those 40 years and older.

Most common cause of miscarriages are chromosomal abnormalities. Risk increases with smoking, poorly controlled diabetes + high BMI, alcohol

Different types of miscarriages:

- 1) Threatened
- 2) **Missed (delayed) = silent miscarriage**
- 3) Inevitable
- 4) Incomplete

# MISCARRIAGE

Silent miscarriage: Early miscarriage, when a non viable foetus < 20 weeks in gestational sac without symptoms of expulsion (no pain, +/- vaginal bleeding + discharge, lack of symptoms of pregnancy)

o/e: cervical os is closed

## **Investigations:**

Trans vaginal USS:

no visible heartbeat but visible fetal pole, measure the crown-rump length. (>7mm)

If fetal pole invisible: measure mean gestational sac diameter (>25mm)

# TREATMENT

## **Expectant**

(7-14 days)

Patient must be rescanned to ensure that there remains no viable pregnancy

## **Medical management**

vaginal single dose of 800 micrograms misoprostol with pain relief + antiemetics

## **Surgical**

manual vacuum aspiration under local anaesthetic in an outpatient or clinic setting **or**  
surgical management in a theatre under general anaesthetic

## **Holistic**