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Umbilical cord- a key factor in still births and full term normal deliveries

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Introduction: Stillbirth is defined as “when the infant is delivered with no signs of life and the gestational age being between 20 weeks and the full term”. It is one of the obstetric complications which have not been studied widely. Stillbirth presents a devastating pregnancy outcome and the need for increased efforts in prevention has been highlighted. The umbilical cord, as documented in the literature is a cord-like structure covered by the amniotic membrane. The fetal well-being is adversely affected by the pathologic lesions of the umbilical cord. There are numerous umbilical cord abnormalities, both gross and histological which have been associated with stillbirth. Compromise of fetal umbilical circulation is seen in 20% of stillbirths at the time of autopsy.

Material and Method: In the present study the cases were divided into two groups i.e. group A (control), group B (cases of stillbirths) and parameters were the record

Result: Gross Examination of Umbilical Cord

1. Length of the umbilical cord

Length of the umbilical cord in normal full-term deliveries is significantly more ($p < 0.05$) as compared to that of the stillbirths

2. Knots in the umbilical cord

The difference in the proportion of false knot was not with significant ($p > 0.05$) variation. True knots were not found.

3. Insertion of the umbilical cord

Insertion was found to be central in both the groups

Histology of Umbilical Cord

1. Umbilical Cord Vasculitis

Vasculitis was seen only in the cases of stillbirth.

2. Inflammatory Cells

None in Group A whereas in group B there were inflammatory cells in the umbilical cord in 16%.

Conclusion: There were increased inflammatory changes such as vasculitis and inflammatory cell infiltrate in the case of stillbirth. Therefore appropriate and timely measures should be taken in an order to improve the outcome of pregnancy.

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