FRACTURE WHILE SWIMMING IN A POOL OF AMNIOTIC FLUIDS

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Introduction: Osteogenesis imperfecta (OI) which in Latin means imperfect bone formation is a group of disorders characterized by an abnormality in the synthesis of type 1 collagen which primarily causes low bone mass and bone fractures. The mutation in the gene that code for the alpha 1 and alpha 2 chains of collagen are inherited in either an autosomal dominant or recessive manner.

Discussion: A 35-years-old 3 para was admitted to hospital at full-term for labour pain. Her obstetric history was irrelevant. Her routine ultrasound at 2nd trimester showed skeletal dysplasia and short femur length. Subsequent detail ultrasound concluded the probable of OI. She delivered a female baby weight of 2800g via vaginal delivery. The examination showed deformities over the upper and lower limb. No other abnormalities such as blue sclera detected. X-ray imaging revealed fracture of parietal bone, shortening of left femur, fracture of left tibia and fracture over midshaft left humerus with callous formation. The child is currently seen in follow-up by multidisciplinary team for OI. Diagnosis of OI can be made clinically supported with radiology imaging. Depending on the type, affected patient typically characterized by multiple fracture (which are intrauterine or perinatal or postnatal) blue sclera, joint laxity and abnormal tooth development. Type I OI is mild, type II is perinatal lethal, type III is progressive deforming and type IV is moderately severe. Fetal ultrasound is used to evaluate the probable of OI prenatally. Once it is recognized, excessive force and manipulation during delivery should be avoided. However there is no enough evidence that caesarean section will improve outcome over vaginal birth. (1)

Conclusion: Pregnancy complicated with OI requires close antenatal assessment and multidisciplinary team involvement to ensure good outcomes for mother and fetus. REFERENCES 1 Cubert R, et al. Osteogenesis imperfecta: mode of delivery and neonatal outcome. 2001;97(1):66-9