

## Maternal deaths: think of rare causes when common causes have been eliminated

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### Introduction

In Sri Lanka, maternal mortality ratio is among the lowest when compared with other developing countries (1,2). Most deliveries take place in a health facility with the support of a skilled birth attendant. It is documented that during an hour, around 40 maternal deaths occur worldwide, whereas in Sri Lanka 40 women would die over a period of about 105 days (3). Once the common causes of maternal mortality have been controlled or eliminated, the uncommon causes come into picture.

**Case 1:** A 30-year-old pregnant mother with a period of amenorrhoea (POA) of 32 weeks was transferred from a peripheral hospital with vomiting and icterus for three days. She was suspected of having HELLP syndrome. Investigations showed abnormal liver, renal and clotting profiles. Emergency caesarian section was performed and after the delivery she developed profuse post-partum haemorrhage. Subtotal hysterectomy was done and she was transfused with blood, plasma and platelets. Her liver, renal functions and platelet count continued to deteriorate. A week after delivery she died in spite of ICU care.

At autopsy, yellow discolouration of conjunctiva, nail beds, pleural effusion and ascites was detected. All the organs were yellowish. Lungs were congested and heavy (Figure 1). Heart was flabby and Liver was enlarged. Kidneys were soft and enlarged with congested cortex. Histopathology revealed extensive pulmonary haemorrhages (Figure 2) and focal hepatic necrosis. Kidneys showed evidence of acute renal tubular necrosis.



Figure 1: Congested lungs

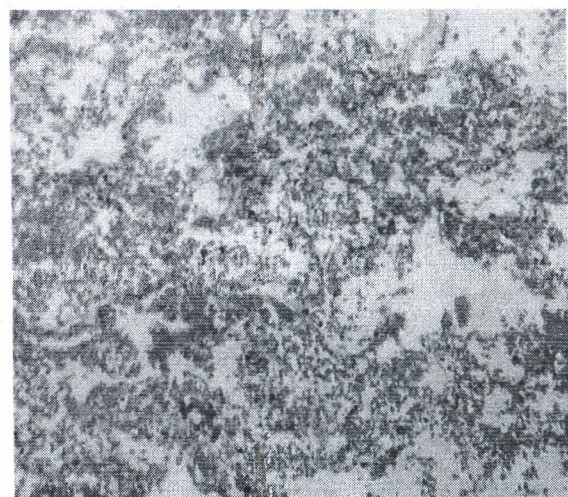


Figure 2: Pulmonary haemorrhages