MALPRESENTATIONS
OTHER THAN OCCIPITO POSTERIOR AND BREECH

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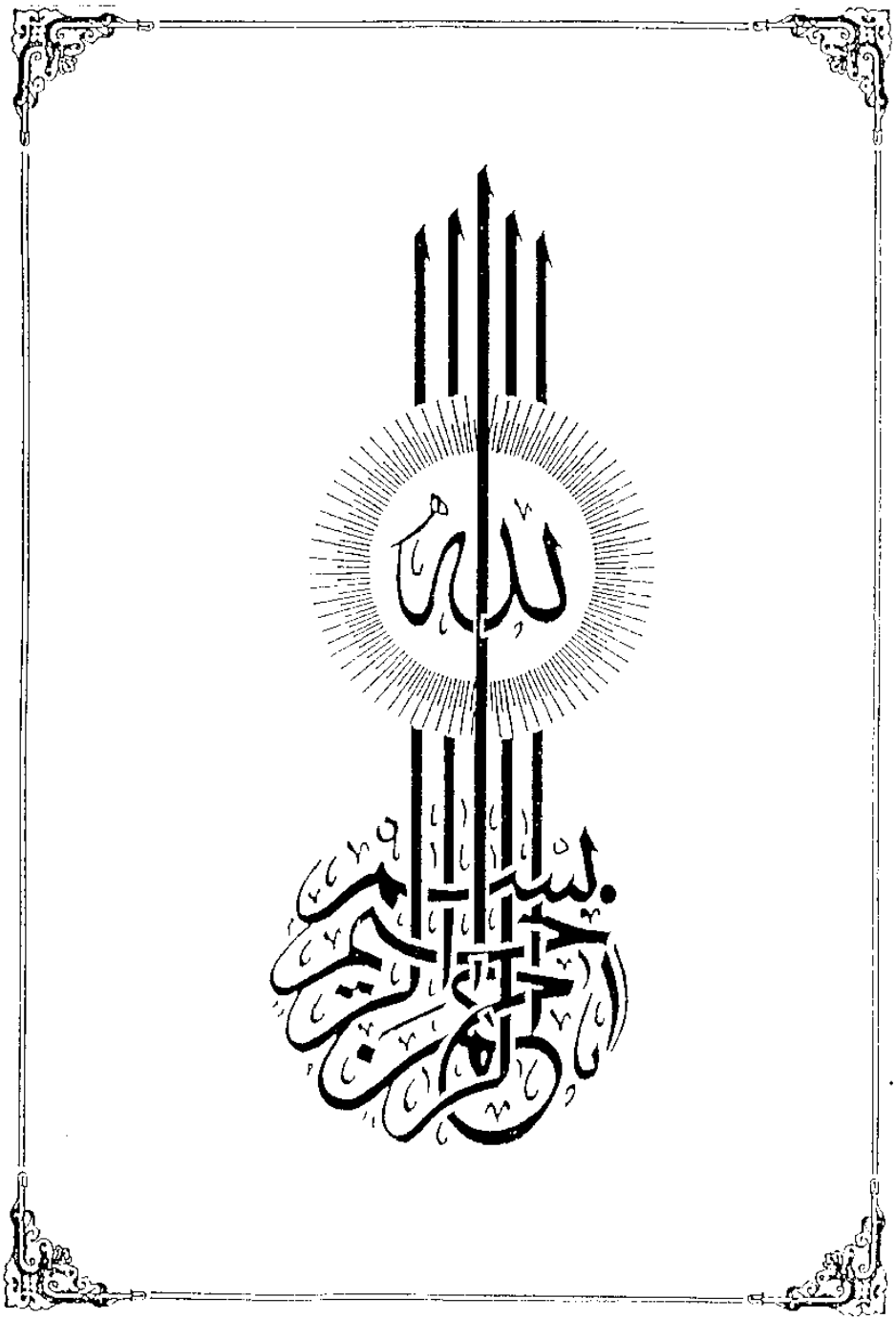

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Introduction

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Fetal malpresentations are essentially abonormalites of fetal position, presentation, attitude or lie and they collectively constitute the most; common cause of fetal dystocia occuring in approximately 5% of all labours. Included in this category are persistent occipito posterior, occipito transverse position, brow presentation - face presentation, transverse or oblique lie, breech and compound presentation (Martin & Eduarde 1991)

In this study we will discuss in details malpresentations other than occipto-posterior and breech (face, brow, shoulder, compound and umbilical cord presentations) including aetiology, diagnosis, management and complications of these presentations.

Many factors have been proposed as possible causes of fetal malpresentations as prematurity, fetal macrosomia, anencephaly, high parity, contracted pelvis and cephalopelvic disproportion (CPD)

Accurate diagnosis of fetal presentation is among the most important elements of the safe conduct of labour and delivery. The diagnosis of malpresentation often has been dangerously delayed until late in the second stage of labour. The physician should be alert to this diagnosis whenever any of the characteristic abdominal or vaginal findings are present and should confirm any clinical suspicion by radiographic study. Radiography will establish the presence of a malpresentation and also rule out the existence of major anomaly such

as anencephaly which occurs in 5 to 6% of face presentation cases, once the diagnosis is confirmed, the obstetrician should make preparations for intensive management of the parturient. If there is any clinical suspicion of cephalopelvic disproportion, and some degree of disproportion, radiographic pelvimetry should be performed.

If there is evidence of absoulte CPD at either the pelvic inlet or midpelvis, the patient should be delivered by caesarean section. If absolute disproportion is not present, a trial of labour is warranted.

Malpresentations has in the past often resulted in the application of dangerous operative manoeuvres intended to effect vaginal delivery; these manoeuvres have included destructive fetal procedures and manual and instrumental attempts to convert the malpresentation to achieve vaginal delivery of the malpresenting fetus in situation associated with poor progress during labour have carried unacceptably high fetal or maternal morbidity or mortality (pauerstein, 1987). These interventions are now strongly discouraged and the obstetrician always has held the welfare of two patients in the balance weighing the benefits to the fetus against the risk to the mother and vice versa.

It should be emphasized that the art of modern obstetrics lies not in manual skills or clinical showmanship but rather in the ability to anticepate problems and prevent any and all injury to the mother and infant (Langer & Kennedy: 1981)

Aim Of The Work

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The aim of the work is an essay study of malpresentations other than occipito posterior and breech (Face - brow - shoulder - compound and umbilical cord presentations) including aetiology, diagnosis, management and complications in details. To achieve a suitable applicable protocol of management of these presentations .

Face presentation

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Definition

Face Presentation is a condition of maximal deflexion of the fetal head in vertex position (Fig. 1 C) (Plauché 1992) . So that the occiput is in contact with the fetal back and the chin (mentum) is the presenting part . The presenting diameter is the submento-bregmatic diameter (9.5 cm) which is approximately the same as the suboccipito bregmatic diameter which present in well flexed vertex (Rovinsky 1981)

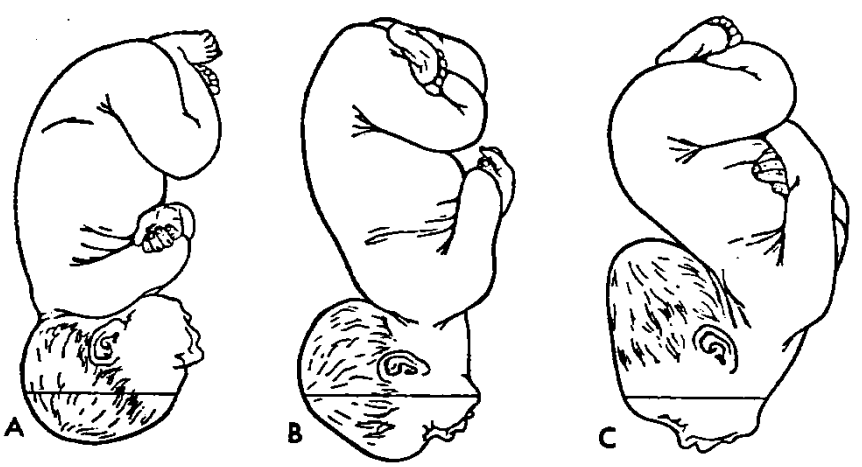

Figure 1 Gamut of deflexion attitudes from (*A*) sincipital and (*B*) brow presentations to (C) face presentation, showing altered presenting fetal diameter from occipitobregmatic to mentobregmatic to trachelobregmatic.

(from Greenhill & Friedman, 1974)

Incidence : -

The incidence of face presentation vary from literature to other . Friedman (1967) calculated an incidence of 1 in 496 from a review of literature totalling 1645 Face presentation. Cruickshank and white (1973) reported an incidence of 1 in 600 or 0.17 percent . The obstetrical statistical cooperative, dentified a similar frequency of 0.2 percent (cunningham et al, 1989) . The reported incidences of face presentation in different years and places are outlined in (table 1) .

Table 1 - INCIDENCE OF FACE PRESENTATION

Author	Hospital and year	% Face
Hellman	Hopkins 1950	0.21
Prevedourakis	Athens 1966	0.22
Cucco	Chicago 1966	0.14
Posner	Bronx 1957	0.20
Obstetric Collaborative study	U.S. 1960	0.20
Cruikshank	Iowa 1973	0.17
Pritchard	Dallas 1985	0.30
Mean		0.21 %

The mean of incidences of face presentation is 0.21 percent, approximately once in 500 deliveries . (Plauché 1992), (Breen and wiesmeier 1968) & (Benedetti et al 1980)