

Bandl’s ring management in the 21st century

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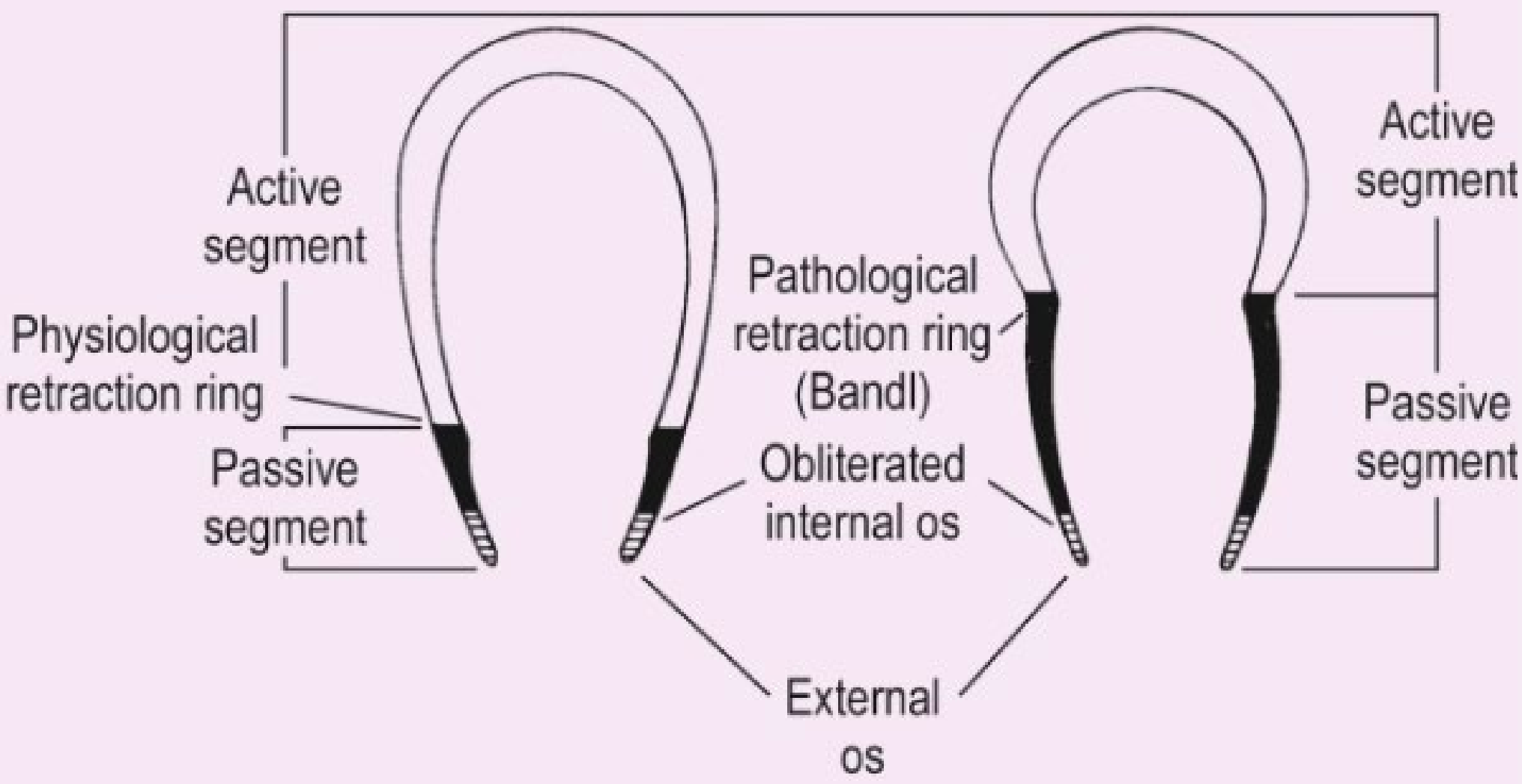
INTRODUCTION

Bandl’s ring is a rare pathological retraction ring and can be a late sign of obstructed labour (1).

When the Bandl’s ring is visible or palpable abdominally, it may indicate a pre-rupture state requiring immediate Caesarean section.

Early recognition is vital; delayed management increases the risk of neonatal compromise, uterine trauma and postpartum haemorrhage (2).

BANDL’S RING



METHODS

A 33-year-old primigravida presented in spontaneous labour at 39+4 weeks’ gestation.

Labour was augmented with oxytocin as the cervical dilatation was 5cm for 3 hours, and continuous fetal monitoring remained reassuring. Failure to progress was diagnosed after 8 hours, and Caesarean section was performed under general anaesthesia due to an inadequate epidural block.

Preoperatively, there was suspicion of a Bandl’s ring based on the abdominal appearance. Intraoperatively, the ring made fetal extraction difficult, prompting modification of the standard technique.

RESULTS

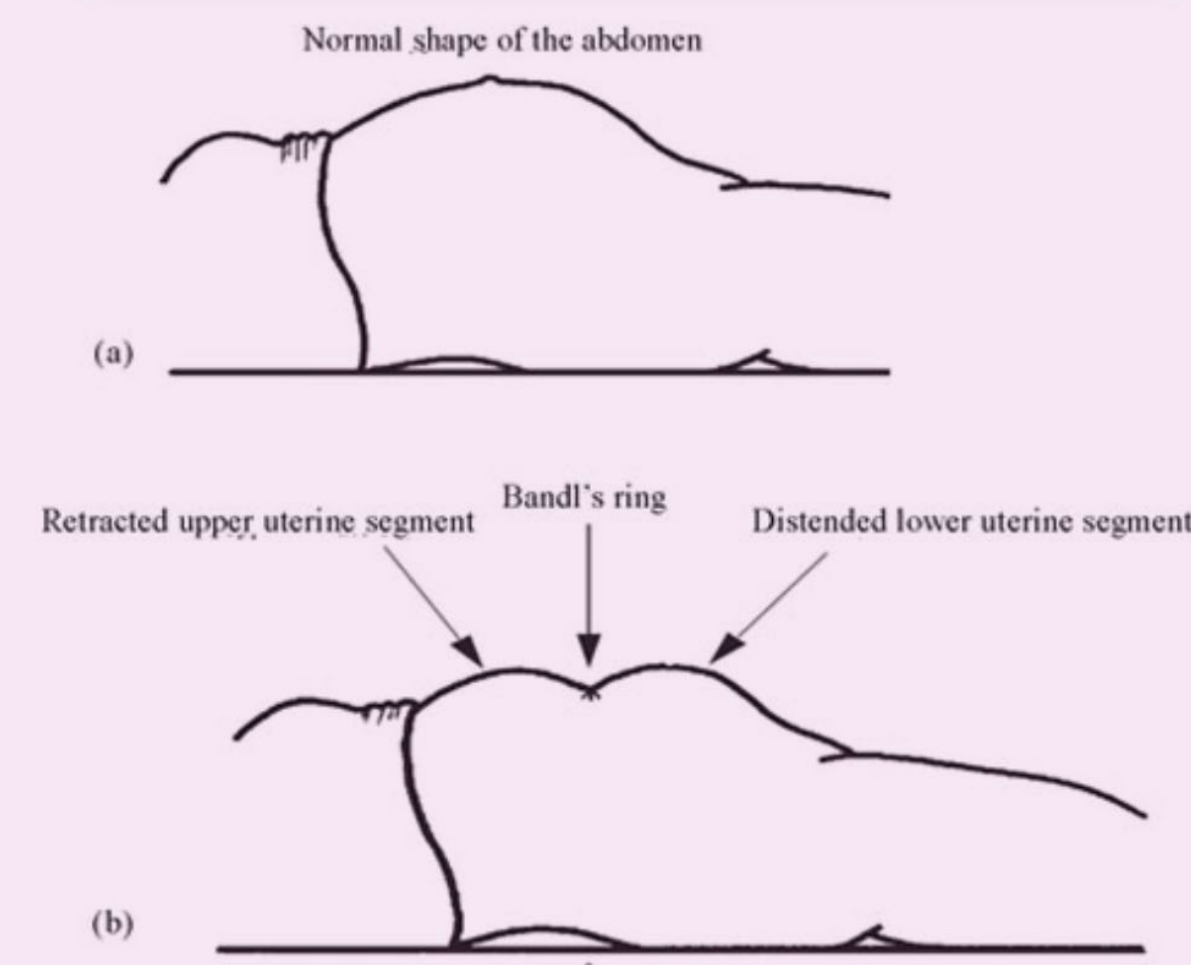
Bandl’s ring was confirmed intraoperatively as the cause of mechanical obstruction.

Delivery was achieved after incision of the ring with caudad extension.

Fetal extraction required a uterine relaxant and forceps application. Other recognised techniques for disimpacting the fetal head include reverse breech extraction (2).

Following delivery, there was a small uterine extension and an estimated blood loss of 800 mL.

The neonate had Apgar scores of 6 and 7 and was admitted to the special care baby unit with transient tachypnoea of the newborn. The mother otherwise made an uncomplicated recovery.



CONCLUSION

A visible or palpable Bandl’s ring should prompt immediate Caesarean section.

Use of a Partogram is crucial for identifying obstructed labour.

Safe management depends on early recognition, avoidance of prolonged obstructed labour and forceful extraction, and adaptation of surgical techniques to reduce maternal and neonatal morbidity (1,2)

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