

# Illumination case study

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Illumination Chances are you didn't even know you were pregnant or had just found out you were pregnant when you received the shattering news that there is no visible development on the ultrasound. You are probably feeling sad and confused. As you take time to understand what this means, also take time to grieve as you would for any loss. Remember you are not alone. A blighted ovum (also known as 'embryonic pregnancy') happens when a fertilized egg attaches itself to the uterine wall, but the embryo does not develop.

Cells develop and deform the pregnancy sac, but not the embryo itself. A blighted ovum usually occurs within the first trimester before a woman knows she is pregnant. A high level of chromosomal abnormalities usually causes a woman's body to naturally miscarry. A blighted ovum can occur very early in pregnancy, before most women even know they are pregnant. You may experience signs of pregnancy such as a missed or late menstrual period and even a positive pregnancy test. It is possible that you may have experienced abdominal cramps, minor vaginal spotting or bleeding.

As with a normal period, your body may flush the uterine lining, but your period may be a little heavier than usual. Many women assume their pregnancies are on track because their weight is increasing. The placenta can continue to grow and support itself without a baby for some time, and pregnancy hormones can continue to rise, which would lead a woman to believe she is still pregnant. Though a blighted ovum can sometimes be the result of low hormone levels in the body, the major cause of the condition appears to be chromosomal.

A blighted ovum is thought occur when the chromosomes making up the fetus become defective or disordered, resulting in severe genetic defects.

Your body recognizes these chromosomal abnormalities and chooses to end the pregnancy. A blighted ovum is the cause of about 50% of first trimester miscarriages and is usually result of chromosomal problems. A woman's body recognizes abnormal chromosomes in a fetus and naturally does not try to continue the pregnancy because the fetus will not develop into a normal, healthy baby.

This can be caused by abnormal collision, or poor quality sperm or e. g. blighted ovum often causes no symptoms at all.

Symptoms and signs may include: missed or late menstrual period minor abdominal cramping minor vaginal spotting or bleeding positive pregnancy test at the time of symptoms sidedness miscarriage offering hope

Disclaimer: We are not medical professionals. The information contained within this site is meant to supplement the information given to you by your own physician but is not to be used in place of your physician's medical advice.

When in doubt, always seek a second opinion by another medical professional. Home Message Board FAQ sighted Ovum FAQ Our Stories Research Links Contact Us Blighted Ovum FAQ Nat is a blighted ovum? A blighted ovum is a fertilized egg that implants but does not develop. The gestational sac continues to grow but the baby does not grow within the sac.

If the case is a true blighted ovum, the yolk and fetal pole will not be present. My doctor told me I have an embryonic pregnancy, what is that? An embryonic pregnancy is the same thing as a blighted ovum.

So, there was never a baby? Unfortunately after women suffer through a blighted ovum, they often hear comments about there never having been a baby. This is just not true. An egg has been fertilized just as in every pregnancy.

The baby just does not develop beyond implantation. If you've had a blighted ovum, you were no less pregnant than any other pregnant woman at that same stage and you have every right to mourn the baby that only shared your body for a couple weeks. How common is a blighted ovum?

Approximate estimates indicate that 15% of all clinically recognized pregnancies end in miscarriage\*. Estimates vary little and approximate blighted ovum account for 45 to 55% of all miscarriages\*\*. What causes a blighted ovum? There is just so much we do not know about the blighted ovum.

Although the blighted ovum is mentioned frequently in medical literature, not many research papers dedicated to understanding the blighted ovum can be found. General consensus seems to indicate that a blighted ovum is due to a chromosomal abnormality possibly related to chromosomes 16 and 22\*\*\*.

Some research seems to indicate that a blighted ovum may be more common in older mothers and is usually a problem with the egg rather than the

sperm. Generally, a blighted ovum is considered a one-time event and fluke of nature. However, miscarriage is a risk in any pregnancy.

Just because you've had one blighted ovum does not mean you will not miscarry again, but your risk is not heightened because of the blighted ovum. Can anything be done to prevent a blighted ovum? Unfortunately, no, nothing can be done to prevent a blighted ovum.

However, several online sites do believe that low progesterone may be a factor in early pregnancy loss and progesterone supplements have been shown to lower the miscarriage risk in some women with recurrent miscarriages\*\*\*\*. The research seems to be divided on the importance of progesterone supplements in early pregnancy but the many stories found online seem to indicate that progesterone supplements have saved some pregnancies. If you believe progesterone may be a problem, have your progesterone tested as early as possible in the pregnancy.

If your doctor is not open to testing your levels you may benefit from finding another physician. What are the criteria for diagnosing a blighted ovum?

According to the Encyclopedia of Medical Imaging, the criteria for a diagnosis of blighted ovum are: 1) failure to identify an embryo in a gestational sac measuring at least 20 mm via transvaginal ultrasound. 2) Failure to identify an embryo in a gestational sac measuring approximately 25 mm or more via transvaginal ultrasound. 3) Failure to identify a yolk sac in a gestational sac measuring 25 mm or more.

Additionally, the outline of the sac may be irregular, incomplete or absent decidual reaction and/or fluid found in the gestational sac. Are these criteria

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for finding a blighted ovum set in stone? No, we at the Misdiagnosed Miscarriage do not believe so.

We have seen a number of cases where either the baby or the yolk sac is not found within the gestational sac until the sac has bigger than these measurements. That would account for the discrepancy? I believe, based on the numerous stories that have found their way into the Misdiagnosed stories forum, that having a retroverted uterus may alter when you may see your baby via ultrasound.

What is a retroverted uterus? A retroverted uterus, also known as a tipped or tilted uterus, is a uterus that tilts back toward the rectal area. In most women the uterus will tilt slightly forward toward the belly. Actually, having a retroverted uterus is quite common.

Reports vary but approximately 20% to 40% of all women have a retroverted uterus. Because this is so common, doctors rarely mention if you have a tilted uterus unless you ask. How do you believe it is so difficult to find the baby via ultrasound?

Actually only during the early first trimester do we believe it may be a little more difficult to find the baby via transvaginal ultrasound. After talking to women and their ultrasound echo we've concluded that the positioning is more awkward when the uterus is retroverted and this makes viewing a bit trickier. There may be a possibility that the baby lies parallel to the ultrasound beam, measurements may be off and the baby will appear smaller than he actually is.

However, in the second trimester, measurements are generally more accurate in women with a tilted uterus.

I'd like to wait to end my pregnancy but is it safe? According to the Journal of Family Practice' and other medical organizations, a woman can safely wait to miscarry naturally (or until she knows for sure there is absolutely no hope) if she: 1) does not have a fever 2) has stable vital signs 3) has no excessive pain 4) has no excessive bleeding If you meet these four criteria, waiting before having a D&C or to have a natural miscarriage is a reasonable option. If you do not meet these criteria, you could be at risk for infection.

Seek help immediately. Okay, I can safely wait, but how long will I have to wait? Have seen women who were diagnosed with a blighted ovum who only had to wait a week or two before miscarrying or finding their babies and others who needed to wait three or more weeks. We do know with some certainty that waiting only one week, especially if you are eight weeks or less is not enough time to be certain you have a blighted ovum.

But, doctors would never misdiagnose something as important as a miscarriage, would they?

Unfortunately, the answer is yes and we can say that with reasonable certainty because we get several cases a month on the website where a woman was misdiagnosed. In many of these cases, the misdiagnosed woman has already turned down the D; C at least once. How often do you think a blighted ovum is misdiagnosed? Honestly, the vast majority of diagnosed miscarriages are in fact miscarriages. We do live, though, that a fairly large number of women who are diagnosed with a blighted ovum AND have a

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retorted uterus are misdiagnosed especially if they are diagnosed at eight weeks or before.

They finally found my baby at 10 weeks but are telling me I am only 7 or 8 weeks but I know this is impossible.

How can this be? The measurements taken by transnational ultrasound are very accurate during the first trimester and used by physicians to date the pregnancy. However, they are subject to human error and, we believe, they are not quite as accurate if your uterus is tilted. We've had a number of women who knew exactly when they conceived but did not see their babies until 8 to 12 weeks (or even more) and, when finally found, their doctors insisted their dates were off by weeks.

Even if the woman only had sex one time, they'll insist she got pregnant weeks later. We believe that with the awkward positioning during the ultrasound coupled with the tilted uterus, dates are skewed during the first trimester. And, in fact, most of these women report the dates as being accurate again at their 20 week (or second trimester ) ultrasound.

Do you have research to back this up? Rhea said answer is no but we are hopeful the research will be done soon. Just because the research has never been done does not make this an impossibility.

Nobody has even looked into this link (that we can find) but with the word getting out there, we think it is a matter of time before doctors are forced to reexamine how they determine a woman has a blighted ovum. In the meantime just remember, this lack of research does not mean it doesn't



happen. We see at least a few misdiagnosed cases a month and in each case the woman NAS declined a D&C or Just to wait it out.

Neat is the purpose of the Misdiagnosed Miscarriage site decide Ninth a growing number of women waiting out their diagnoses and finding their babies later than most, we know the word is getting out there.

We believe women deserve to know without a doubt whether they are indeed going to miscarry or if, instead, there is a chance they have been misdiagnosed as well. \*Elise C, et al. Outcome of expectant management of spontaneous first trimester miscarriage: observational study. British Medical Journal.

April 13, 2002; 324: 873-5. American Pregnancy Association <http://www.Americanization.Org/oversimplifications/floodlighted.HTML> \*\*\* Myelin E, et al. Egotistic findings n geographically defined blighted ovum abortions.

Ann Genet. 1993; 36(2): 107-10. Dates-Whitehead, et al.

Progesterone for preventing miscarriage. Cochrane Database cyst Rev. This page is safe different Antivirus Plus 2012 Share this: Font size: A blighted ovum occurs when a fertilized egg implants in the uterus but doesn't develop into an embryo.

It is also referred to as an embryonic pregnancy and is a leading cause of early pregnancy failure or miscarriage. Often it occurs so early that How don't even know you are pregnant. A blighted ovum causes about one out of two miscarriages in the first trimester of pregnancy. A miscarriage is when a pregnancy ends on its own within the first 20 Knees.

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When a woman becomes pregnant, the fertilized egg attaches to the uterine wall.

At about five to six weeks of pregnancy, an embryo should be present. At about this time, the gestational sac where the fetus develops is about 18 millimeters wide. In a blighted ovum, though, the pregnancy sac forms and grows, but the embryo does not develop. That's why a blighted ovum is also called an embryonic pregnancy. What Causes a Blighted Ovum?

Miscarriages from a blighted ovum are often due to problems with chromosomes, the structures that carry genes.

This may be from a poor-quality sperm or egg.

Or, it may occur due to abnormal cell division. Regardless, your body stops the pregnancy because it recognizes this abnormality. It's important to understand that you have done nothing to cause this miscarriage and you almost certainly could not have prevented it. For most women, a blighted ovum occurs only once. Signs of a Blighted Ovum With a blighted ovum, you may have experienced signs of pregnancy.

For example, you may have had a positive pregnancy test or a missed period. Then you may have signs of a miscarriage, such as: Abdominal cramps Vaginal spotting or bleeding A period that is heavier than usual.

If you're experiencing any of these signs or symptoms, you may be having a miscarriage. But not all bleeding in the first trimester ends in miscarriage. So be sure to see your doctor right away if you have any of these signs.

Diagnosing a Blighted Ovum If you thought you had a normal pregnancy,

you're not alone; many women with a blighted ovum think so because their levels of human chorionic gonadotropin (hcg) may increase.

The placenta produces this hormone after implantation. With a blighted ovum, hcg can continue to rise because the placenta may grow for a brief time, even when an embryo is not present.

For this reason, an ultrasound test is usually needed to diagnose a blighted ovum to confirm that the pregnancy sac is empty. What Happens After a Miscarriage? If you have received a diagnosis of a blighted ovum, discuss with your doctor what to do next. Some women have a dilation and curettage (D and C).

This surgical procedure involves dilating the cervix and removing the contents of the uterus. Because a D and C immediately removes any remaining tissue, it may help you with mental and physical closure. It may also be helpful if you want a pathologist to examine tissues to confirm the reason for the miscarriage.

Using a medication such as mifepristone on an outpatient basis may be another option. However, it may take several days for your body to expel all tissue. With this medication, you may have more bleeding and side effects.

With both options, you may have pain or cramping that can be treated. Other women prefer to try medical management or surgery. They choose to let their body pass the tissue by itself. This is mainly a personal decision, but discuss it with your doctor. After a miscarriage, your doctor may

recommend that you wait at least one to three menstrual cycles before trying to conceive again.