a fetus with Edwards syndrome. She was asymptomatic post administration of mifepristone 48 hours prior to admission. As an inpatient she was given 5 doses of misoprostol (400 micrograms) vaginally. Lack of progress necessitated 4 further doses after 24 hours break. The patient had a persistent pyrexia of above 38 degrees following 4th dose of misoprostol which was attributed to prostaglandin administration. Investigations revealed a CRP of 226 and a white cell count of 19.1. She was haemodynamically stable and used a remifentanil PCA for analgesia. In view of lack of response to Misoprostol she was re-scanned revealing a bulgy uterus with the fetus lying inapertoneally with an intact amniotic sac. CT scan revealed a 6.3 cm defect in the anterior uterine wall with an intact sac projecting beyond normal uterine contour. There was no free fluid. In view of this patient had a laparotomy revealing a 6 by 5 cm defect in the anterior uterine wall lined by necrotic tissue. In view of significant amount of necrosis a decision was made to proceed with subtotal hysterectomy. We wish to highlight this rare case wherein uterine rupture occurred due to infection and uterine wall necrosis possibly secondary to amnioncensis and fetal demise. All the classical features of uterine rupture like haemodynamic instability and inapertoneal bleeding were absent. Only a high index of suspicion leading on to further imaging helped establish the diagnosis.

PM.78 USE OF INTRAVENOUS IRON SUCROSE INJECTIONS IN THE TREATMENT OF IRON DEFICIENCY ANAEMIA IN PREGNANCY

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Background Iron deficiency anaemia (IDA) is the commonest cause of anaemia in pregnancy affecting 19% of the Leeds pregnant population1. It is associated with maternal morbidity including fatigue and postpartum depression2. It is also linked to adverse pregnancy outcomes including preterm delivery and intrauterine growth restriction3.

Aim To assess the use of intravenous iron sucrose antenatally in women with iron deficiency anaemia who were intolerant to oral administration of iron.

Method There were 23 patients who received iron sucrose injections. Out of 23 patients in our cohort, 9 (39%) were given iron sucrose injections after 37 weeks gestation. 2 women (9%) received the injections between 20–30 weeks. The remaining 12 patients had multiple renal transplants.

Results In our unit, 2 women had peripartum pulmonary emboli (PE) and the third woman had an iliac vein thrombosis and recurrent antepartum haemorrhage. Insertion of phillites was uncomplicated but only one was retrieved post delivery.