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LETTER TO THE EDITOR

Bakri balloon tamponade as first step to manage severe post partum haemorrhage

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Cekmez et al. [1] reported that compression uterine sutures and uterine artery ligation or Bakri balloon tamponade are effective to stop severe postpartum hemorrhage (PPH).

I agree that compression uterine sutures (B-Lynch, Ho-Cho) are effective to stop postpartum haemorrhage. However, these sutures are sometime traumatic and could lead to uterine adhesions [2]. Therefore, uterine cavity should be assessed after such techniques by hysteroscopy [2]. Moreover, a laparotomy should be performed to apply these sutures in case of PPH after a vaginal delivery. In addition in some cases, the B-Lynch sutures are responsible for partial uterine wall necrosis and pyometra [3].

In the majority of cases, the use of the Bakri balloon is sufficient to stop severe PPH without need of more invasive techniques.

Indeed we published a study concerning the management of 61 cases of severe PPH by the Bakri Balloon [4]. We showed that the Bakri balloon stopped severe PPH in more than 90 % of cases after a vaginal delivery or a caesarean section.

Although compressive uterine sutures are often efficient to stop severe PPH, we think that the first step to manage severe PPH should be the Bakri balloon tamponnade because it is a less invasive technique and because it is high rate of success. In case of failure of Bakri balloon tamponade, we could use more aggressive techniques starting by uterine artery embolisation. If radiological techniques are not available or not possible, more invasive techniques could be performed such as compressive uterine sutures or vascular ligations.

Conflict of interest None.

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