

Comment on Olus Api et al.: Do asymptomatic patients require routine hemoglobin testing following uneventful, unplanned cesarean sections?

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Dear Editor,

We commend the excellent paper titled “Do asymptomatic patients require routine hemoglobin testing following uneventful, unplanned cesarean sections?” [1]. In our experience, it is important to have a formal, written report stating blood group and hemogram in case a woman require a blood transfusion at any stage during the pregnancy or after the birth, due to excessive bleeding or hemorrhage. I would like to draw the attention of authors that although postpartum hemorrhage (PPH) due to cesarean scar dehiscence is an unusual complication, practitioners should add dehiscence to their differential diagnoses [2]. Another rare cause of delayed PPH is uterine artery pseudo-aneurysm [3]. Patients discharged home after cesarean sections in stable condition can visit emergency department due to bleeding. Secondary PPH defined as excessive uterine bleeding occurring between 24 h and 12 weeks postpartum. The pathogenesis includes diffuse uterine atony or subinvolution of the placental site secondary to retained products of conception and/or infection, but the exact cause is often not known. The possibility of a bleeding diathesis should be considered, especially in women with a history of

menorrhagia [4, 5]. These facts should be considered in the postoperative management protocol of both planned or uneventful and unplanned cesarean sections while ordering blood grouping, hemogram and tests for known bleeding tendency.

Conflict of interest statement I declare that there is no conflict of interest.

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