



# **3<sup>RD</sup> INTERNATIONAL CASE REPORT CONGRESS**

**MACEDONIAN-TURKISH  
MEDICAL SYMPOSIUM**

**SYMPOSIUM:  
MEDICAL EDUCATION AND HEALTH  
SYSTEMS IN BALKAN COUNTRIES**

## **BOOK OF ABSTRACTS**

**4-7 APRIL 2025**

**SKOPJE, N MACEDONIA**



**JOURNAL OF THE MACEDONIAN MEDICAL ASSOCIATION**  
MACEDONIAN MEDICAL PREVIEW, 2025 - SUPPLEMENT 01/2025

## VELAMENTOUS INSERTION OF THE UMBILICAL CORD AS A RARE INDICATION FOR EMERGENCY CESAREAN SECTION

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Velamentous insertion of the umbilical cord is an abnormal insertion in which the umbilical blood vessels do not enter the placenta directly, but enter between the amnion and chorion before reaching the placenta. The incidence of this abnormality is 1% and is associated with obstetric complications.

We present a case of a 33-year-old patient with a second pregnancy. Ultrasound screenings in the first and second trimesters with normal findings. She was hospitalized at 39.2 weeks of gestation due to rupture of the amniotic membranes and leakage of milky amniotic fluid. Ultrasound detected the presence of a fetus in cephalic presentation, with biometry appropriate for gestational age, a reduced amount of amniotic fluid and a placenta localized on the anterior wall of the uterus. All Non Stress Tests were reactive, with a normal basal heart rate, but with sporadic atypical variable decelerations and absent uterine activity. We decided to terminate the pregnancy with an emergency cesarean section, resulting with a delivery of a live female fetus 3150gr/49cm, Apgar score of 6/7/7. Intraoperatively, the meconium stained amniotic fluid was detected. Macroscopically, we detected a velamentous insertion of the umbilical cord, with blood vessels passing about 10cm between the membranes before penetrating the placenta. The newborn was aspirated in the operating room and ventilated with AMBU. Vesicular breathing with wet crackles was detected, heart rate 130/min, decreased muscle tone, normal reflexes, saturation 96%, hematological and biochemical parameters within reference rangess. Ultrasonography of the CNS found a mild periventricular hyperechogenicity. Discharged in good condition with a weight of 3010 grams.

The aim of this study is to emphasize the importance of detecting the umbilical cord insertion site during routine ultrasonographic examination, in order to identify pregnancies with velamentous insertion of the umbilical cord and the risk of obstetric complications.

**Keywords:** umbilical cord, velamentous insertion, atypical variable decelerations, meconium stained amniotic fluid.