Introduction

To cite this article: (1971) Introduction, Acta Radiologica: Diagnosis, 11:sup303, 7-8
To link to this article: https://doi.org/10.1080/05678067109169899

Published online: 04 Jan 2010.
INTRODUCTION

Accurate location of the placental site is important in pregnant women with possible placenta praevia or marginalis and in conditions indicating amniocentesis such as incompatibility, toxaemia of pregnancy or foetal asphyxia. It is also of importance to localize the placenta if the position of the foetus is unusual.

Previously patients with placenta praevia were usually hospitalized until delivery if bleeding occurred at the end of the 28th week of gestation or later. The diagnosis was verified by examination under anaesthesia of the lower uterine segment only if premature delivery seemed imminent. Many obstetricians recommended postponement of this investigation till the last month of pregnancy, except when repeated or profuse haemorrhage made delay impossible.

Successful results were undeniably obtained by this method, but it was expensive to society since the patients occupied hospital beds throughout the period of treatment. Moreover, during their absence from home these mothers had to be replaced by paid labour.

Haemorrhage during pregnancy may be due to various causes. In the case of heavy or frequent bleeding the necessity of hospitalization until delivery was obvious. On the other hand, when bleeding was scanty and not recurrent and the patient was in an early stage of pregnancy, a short period of observation in hospital was considered sufficient and treatment was continued at home, except in the case of placenta praevia.

Today, location of the placental site is important for intrauterine exchanges of the foetal blood, but there is no consensus of opinion as to the necessity of this determination. Some authors consider complications due to perforation of the placenta as rare (Gordon et coll. 1966, Raphael et coll. 1967).

The placenta may be located by the aid of ordinary radiography, cystography, angiography, radioisotopic techniques, ultrasound scanning and thermography.

The present comparative investigation was performed for the reason that opinions have differed concerning the accuracy of the various methods for location of the placenta. The purpose was also to estimate the radiation load to the mother and foetus.
It was considered important to clarify the following points:

1) The accuracy of various methods for location of the placenta.
2) The radiation load to the mother and foetus.
3) The clinical application of the different methods.
4) The optimal time for the various examinations considering the duration of pregnancy and diagnostic accuracy.