RESULTS

Table (1)

Placental site and fetal presentation.

Fetal presentation / Placental site	Breech	Cephalic	Total
Mid fundus	0	2	2
Anterior half of fundus	1	3	4
Posterior half of fundus	1	1	2
Right fundal & cornual region	7	1	8
Left fundal & cornual region	11	0	11
Mid anterior wall	0	8	8
Mid posterior wall	0	13	13
Low anterior wall	0	2	2
Low posterior wall	0	0	0
Lateral wall of uterine body	0	0	0
Total	20	30	50

Table (2)

Placental position and gravidity in breech presentation (20 cases).

Placental site \ Gravidity	1	2	3	4	Total
Right cornu and fundus	4	2	1	0	7
Left cornu and fundus	5	3	2	1	11
Anterior half of fundus	0	1	0	0	1
Posterior half of fundus	0	0	1	0	1
Total	9	6	4	1	20

RESULTS

The relationship between the site of placental attachment and fetal presentation is shown in table (1). In the 20 breech cases, it was found that the placenta was implanted in the right cornual fundal region in 7 cases while in 11 cases it was situated in the left cornual fundal region. Thus the placenta was fundal in 18 out of 20 cases within breech presentation (90 % of cases).

In the group of cephalic presentations (30 cases) cornual fundal insertion of the placenta was found in only one case (3.3 % of cases).

In cases with breech presentation, no placental attachment to the middle or lower portions of the uterus could be detected while in cephalic presentations, middle uterine attachment was present in 21 out of 30 cases (70 % of cases).

These differences between the two groups when tested statistically were found to be significant at 5 % level of significance

Computed x^2 24.7 while critical x^2 = 16.92

p $<$0.05

Table (2) shows gravidity and placental site in breech presentation. Although the cases are too few to be treated statistically, yet one notes that 55 % of the women were multigravida.

The number of cases of breech presentation with cornual implantation in 2nd gravida women are more than those in the 4th gravida.

These differences when tested statistically were found to be significant at 5 % level of significance

$$x^2 = 5.3 \quad p < 0.05 .$$

Of more interest is the fact that left cornual implantation of the placenta was more common (55 %) than right cornual implantation (35 %).

DISCUSSION

The normal shape of the uterine cavity at term is a pyriform ovoid, wide above and narrow below. If the placenta is implanted for its most part in one of the cornual regions of the fundus one can imagine that the proportions of the ovoid will be reversed so that the widest transverse dimension is now below and the smallest above (Stevenson,1950). In such a cavity, the fetus will accomodate itself with its largest dimension , namely the breech supplemented by the thighs and legs below and with the smaller dimension of the head above. This concept has promoted investigation of the possible role of placental location in the aetiology of breech presentation.

Booth et al.(1962), examined the relationship between placental attachment and breech presentation. He found fundal insertions in only 2 % of 200 cases. He was however studying implantation site as determined by manual exploration of the uterus.

Kian (1973), also using manual exploration, found cornual fundal insertions of the placenta in 66 % breech cases and in 3.9 % of cephalic cases. He found during intrauterine exploration that the orientation of the side of placental implantation is not always easy to determine because the

examining hands tend to rotate the uterus.

Recently, Fianu et al.(1978) presented sonographic evidence showing a very much higher prevalence of cornual fundal implantation of the placenta (73 % of cases) with breech presentation in contrast to 5 % incidence with vertex presentation.

In our study, cornual-fundal insertion of the placenta was found in 90 % of breech presentation, and in only 3.3 % of cephalic presentation. This study leads to the conclusion that cornual implantation of the placenta causes the fundal pole of the amniotic sac to have relatively the same capacity or even a smaller capacity than the lower uterine pole of the sac. Since the fetal head is smaller than its breech and legs, then the head will tend to accomodate itself in the smaller pole of the amniotic sac ovoid with a resulting breech presentation.

It was interesting to note from table (1) that 55 % of women had the placenta implanted in the left cornu while 35 % had it implanted in the right cornu.

In considering the role played by placenta praevia in the causation of breech presentation, a low lying placenta was not found in 20 cases of breech presentation studied.

We suggest that it might be difficult to find women with breech presentation and placenta praevia after the 36 th week of pregnancy. This study will probably cast some doubt upon any actual causal role that placenta praevia might play in persistence of breech presentation until term.

Table (2) shows a decreasing incidence of breech presentation as gravidity increases. This may be due to the fact that the flabby relaxation of the multigravid uterine wall might easily allow the fetal head to by-pass the cornual fundal implantation of the placenta and undergoes spontaneous version to cephalic presentation.