RARE CASE OF RUBELLA INFECTION—CASE REPORT OF A NEW BORN

By

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Introduction

Rubella or German Measles is a mild exanthematious fever characterised by transient macular rash and lymphadenopathy. Greg from Australia in 1941, who observed the association between maternal rubella and congenital defects in the foetus for the first time. Many malformations in a baby, means that mother has suffered from rubella infection during the first 4 months of pregnancy. In the case which we are presenting, there were a number of malformation in the baby.

CASE REPORT

A young female about 22 years, was admitted in labour room with the provisional diagnosis of 40 weeks pregnancy, with breech with microcepraly. The patient was attending the antenatal clinic throughout the pregnancy. Everything was normal but in the last trimester persistent breech was there. An X-ray was taken and it was found breech with anencephaly with microcephaly. All other investigations were normal except that she was Rh-ve, Coombs test was negative. ARM was done and she delivered a female baby about 2.4 kg of weight, Rh O+ anencephaly. The baby was alive at the time of delivery and intra gastric feeding was done but she expired on the second day.

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The baby had large number of malformations which are shown in the photographs attached. These malformations are as follows:—

1. Anencephaly
2. Microcephaly
3. Meningocele
4. Hare lip
5. Cleft palate
6. A band connecting mouth (upper lip) and forehead.
7. Right ear is absent
8. Right forearm is missing
9. Right palm is attached to elbow, having two fingers
10. Right eye is missing
11. Malformed Nose
12. Congenital umbilical Hernia
13. A band connecting right eye and Meningocele
14. Purpuric spots on Left and Right thighs
15. Right eye brow is missing
16. More wrinkles on the skin
17. Four toes on right foot
18. Shortening of the left leg
19. Mother O Rh-ve, Father O Rh+ve, baby O Rh+ve.

Parents of the baby did not give consent hence the autopsy could not be performed.

Out of 200 cases of antenatal patients, Indirect haemagglutination test for rubella was performed it was found to be positive in 95.6% of cases. And this case was also positive for rubella antibodies. Test for toxoplasma i.e. indirect haemagglutination test was done and found to be negative. Hence this is a confirmed case of rubella infections. After that patient is treated and she has now a healthy male baby about 2 years.

PLACENTAL CANDIDIASIS

(A Report of 5 Cases)

By

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SUMMARY

Candida vaginitis though very common placental candidiasis is quite rare. Out of 196 cases studied in 5 cases candida was isolated from placental tissue. In 4 cases it was a true involvement of placenta while in 1 case it was superficial contamination. The cases are discussed in details.

Introduction

Candida infection in female presents with a wide spectrum of manifestations ranging from asymptomatic vaginitis to dissaminated candidiasis. The association of candida and pregnancy raises a possibility of involvement of placenta. Although candida infection is the commonest variety of vaginitis, placental involvement in true sense is very rare. These are very few reports in the literature (Qterman, 1968; Honor, 1984).

Candida infection of the placenta and umbilical cord are of two types (1) superficial contamination, as the placenta and membrane are delivered through the vaginal canal and (2) the more important acquired intrauterine candida infection. Aterman (1968) has described that the umbilical cord appears normal on cursory examination but careful examination shows perseptible, descrete, variable yellowish white lesions which are flat and of pin point size. On histology surface of the cord is covered by the fungal hyphae with penitration into the substance of the cord. The hyphal penetration is associated with intense inflammatory response, thus forming a candida granuloma. This may be associated with chorioamnionitis.

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Material and Methods

A total of 196 cases were studied. Investigating protocol included detailed history taking with emphasis on any genital tract infections or any complicators toxaemia etc. On completion of 3rd stage of labour the placentas were examined for weight, infarct, haemorrhage or any other abnormality. Chorionic surface swabs was collected in Stuart's transport medium. Two pieces 1 cm x 1 cm of full thickness of placenta one near insertion of the cord and 2nd from the periphery or wherever a lesion was seen and 2 pieces of umbilical cord were collected in sterile test tubes. The mother and neonate were observed carefully for any complication. These samples were inoculated in various liquid and solid media were processed using standard laboratory methods. The candida species were identified by using different sugars like dextrose maltose, sucrose, lactose and galactose (Finegold and Martin 1981) as well as germ tube formation using method and chlymadospores production (Ahearn, 1983).

Results

All the 5 cases which grew candida from placenta had monilial candidiasis during pregnancy which was treated. Of

these 5 cases, 4 cases showed typical histological picture as described by Aterman (1968). Whereas in I case histological picture did not reveal hyphal penitration into the substance, showing only superficial contamination.

CASE REPORTS

Case 1:

(RD) was 25 year old G_2 p, patient with history of one spontaneous abortion in IInd trimester. In this pregnancy she had premature pain, urinary tract infection, vaginitis and delivered a premature child following premature rupture of membrane at 32 weeks. The child required IPCU care for pneumonitis. Nasal and throat swabs collected showed presence of candida. Child died after 5 days. The placenta showed chorioamnionitis and superficial lesions on the umbilical cord.

Case 2 :

(SD) This gravida 3, para 2, 28 years old patient, with history of one spontaneous abortion and one premature delivery at 33 weeks In present pregnancy she had tendancy of premature pain and vaginitis. In spite of supportive medical treatment she delivered a female child at 33 weeks. Child developed upper respiratory tract infection (URTI) and her throat swab and gastric aspirate showed growth of candida albicans. Placenta showed occasional infarct and mild chorioamnionitis.

Case 3 :

(ST) G_2P_2, 23 years, 1 child dead due to some neonatal infection (at native place). In this pregnancy she had full term forceps delivery after artificial rupture of membranes (2½ hours before delivery). Male child was born who developed intracranial haemorrhage. Child died after 8 days. Placenta and cord showed superficial lesions and amnionitis.

Case 4 :

(DR) G, P, had history of monilial vaginitis in the last trimester. She had premature leaking of membranes, but had uneventful delivery. The placenta and cord showed few superficial lesions without presence of hyphae in the substance, but only infiltration was noticed.

Case 5 :

(GR) G_2P_2—One child died at the age of 3 months. She had history of repeated monilial vaginitis. Patient had full term normal delivery and the child was normal. The placenta grew candida albicans but on histology it did not reveal any hyphae into the substance of the cord or placenta nor any infiltration, showing that this was only superficial contamination.

Discussion

Candida species are the most common cause of vaginitis. It represents primarily an infection of the vaginal secretions rather than an inflammation of the vaginal wall. Pseudomycelia formation in the tissue phase is probably what protects Candida albicans against various host defense mechanisms. Regardless of the primary mechanism of invasion of the fetal membranes, once the amniotic fluid is infected with Candida albicans, involvement of the fetal skin, umbilical cord, fetal bronchi and fetal GI tract becomes almost inevitable.

The pathology of placental candidiasis has been well described (Aterman 1968, Delpardo *et al*, 1982) and the findings in this report are confirmatory. The ulcers are usually opaque, dull and minute shallow yellowish on the free membranes, chorial plate and on the surface of the cord. At times they are too small to be visualized with the naked eye. On histology in H and E staining ulcers show tissue necrosis with a heavy infiltration of polymorphs and a few round cells. Fungal hyphae can be easily noticed.

In our series, out of 5 cases in I case no fungal infiltration was observed on

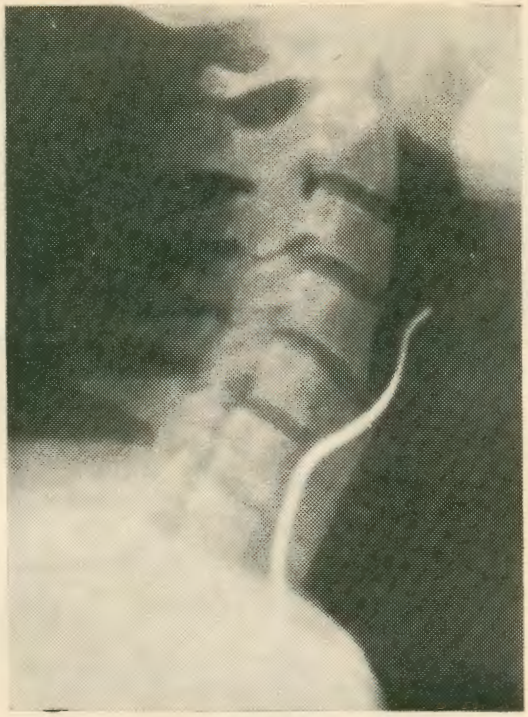

Fig. 1
X-rays showing a long metallic wire in the pharynx and mediastinun.

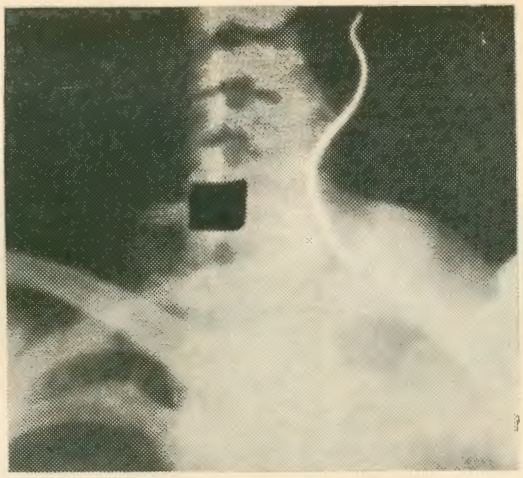

Fig. 2
X rays showing a long metallic wire in the pharynx and mediastinun.

Fig. 1
Note absence of breast development with minimal axillary hair.

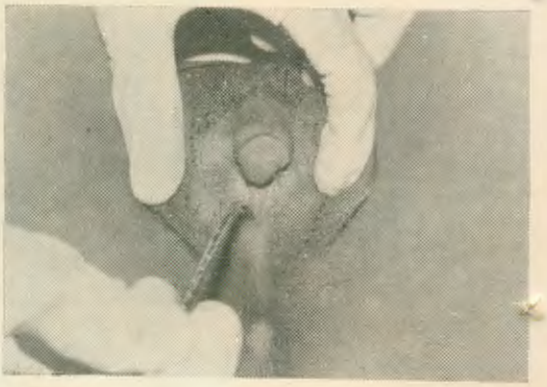

Fig. 2
Note cliteromepaly absent mimicking the penis fusion of labia showing a slit like opening.

Fig. 3
Right side testis protruding the deep inguinal ring.