Scleroderma Associated With Pregnancy -Case Report

P.D.Dukle, R.D. Athavale, S.P. Dukle, M.G.Megh
E.S.I.S Hospital Andheri, Mumbai 400 093.

Scleroderma or progressive systemic sclerosis is a relatively rare collagen disease of autoimmune origin affecting the skin, gastrointestinal tract, kidneys, heart and lungs.

Mrs. R.V. aged 21 years first attended our A.N.C. on 23.07.93 with history of 6½ months pregnancy. She had been diagnosed as a case of scleroderma at LTMG Hospital in 1990. She specifically complained of tightness of the skin of the face and abdomen, shortening of the digits of the hand, Hyperpigmentation and scaling on the extremities, difficulty in opening the mouth and swallowing.

She had been married since 4 years and had a spontaneous abortion 3 ½ yrs. back at her native place. Findings on general examination were within normal limits, Specific findings on the examination of the face revealed – a) Hidebound skin, b) Pinched up nose, c) Narrowing of oral aperture, d) Puckered chin, e) Angular cheilitis with radial furrowing. On palms –a) Sclerodactly, b) Resorption of terminal Phalanges, c) Increased nail curvature.

Specific investigations which were done previously to diagnose and confirm the disease were 1) Anti-Nuclear Antibody ANA titre which was 1:80 positive. 2) Barium swallow and follow through revealed a hold up and involvement of the oesophagus. 3) LE cell test, RA test and Anti DNA Antibody tests were negative. 4) Scl 70 and Anti centromere Antibody were not available.

Per abdomen, the patient was 28 weeks pregnant with regular fetal heart sounds and Sonography revealed normal findings. Since the patient was on medication for scleroderma, the same treatment Cap Depin 10mg tds, Tab Aspirin 50mg. OD, Haematinics and Calcium supplimentation were continued. She was specially advised to a) Avoid cold water contact. b) massage with coconut oil. c) application of liquid paraffin to the abdomen and Pelvis externally. Weekly routine Antenatal check up was suppliemented by 1) Monitoring of Blood Pressure 2) Careful assessment of cardio pulmonary and renal function 3) Attention was paid to weight gain, oesophageal and intestinal symptoms.

She was admitted on 10.09.93 with C/O leaking at 34 weeks of pregnancy O/E per Abd-34 weeks vertex, FHS +136/ Regular. Per Speculum and Per vaginal Examination- The outle was narrowed because c skin changes of scleroderma, but the internal passage wa relatively adequate. Patient had a normal vaginal delivery. A male child was born at 7.59 a.m. on 11.09.93 weighing 2.5kg and post natal period was uneventful. Since then the patient was followed up twice at our hospital and was also advised to attend medical OPD for continuation of treatment for scleroderma. Unfortunately she did not follow up thereon and when she reported to us two years later, she had a sorry tale to tell. Her child had succumbed at 11 month of age to gastroenteritis at her native place and she herself deteriorated. Last follow up was in March 1996. She was advised immediate investigations an admission but to our dismay she did not turn up and since then all our efforts to trace her have been in vain.

Having reviewed Indian Literature, no case of scleroderma complicating pregnancy seems to have been reported so far.

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