A Rare Case Of Acute Lymphoblastic Leukaemia In Pregnancy – Case Report

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A 26 year old gravida II P1+o presented at 37 weeks of gestation with excessive fatigue and swelling in the neck since 15 days. She was admitted on 9.5.97. Her previous cycles were regular, LMP was 23.8.96 and EDD was 30.5.97.

Physical examination revealed a conscious, afebrile, thinly built patient with pallor and bilateral cervical lymphadenopathy. Her pulse was 82/min, respiratory rate 36/min and B.P. 130/80mm Hg R.S. and, CVS- NAD. P/A-Uterus was 36 wks, Vertex presentation & FHR 140/min.

Her Hb was 5.2g/dl, TLC 12,500/cu mm with a differential of 52% blast cells and a platelet count of 52,000/cu mm of blood. Bone marrow examination revealed depletion of myeloid and erythoid series with 7% Lymphocytes. Cytochemistry revealed 86% blast cells and Sudan Black and Periodic Acid Schiff (PAS) stains were negative. Her bone marrow blast cell immunophenotyping showed CD-19-76. 74% +ve, CD-10-15% +ve and HLA-DR 75.81% +ve, suggestive of Acute Lymphoblastic Leukaemia.

Obstetrical USG showed a single viable fetus in vertex presentation at 37 wks. with slightly diminished liquor. As chemotherapy was to be started urgently, to protect the fetus from its toxic effects, an elective LSCS was undertaken on 12.5.97 under GA. A male child weighing 2.4kg was delivered having an Apgar (8) and kept in NICU for observation. The baby had all blood counts within normal limits. Aggressive chemotherapy was started on Day 3 of LSCS with Vincristine 2 mg (D1,7,14,21) L-asparaginase 10,000 U(Alternate Day X 10), Prednisolone 60mg daily, intra thecal methotrexate 12mg (D7,14,21) and Adriamycin 60mg (D14). The dressing of LSCS wound was healthy on 5th post-op.day.

Two weeks following LSCS, patient developed abdominal distension with severe cellulitis with gangrene in the vicinity of the operative wound. The chemotherapy regime was abandoned due to poor general condition of the patient on 28.5.97 (D15). The patient developed fulminating staphylococcal septicemia with bronchopneumonia and died on 6.6.97.

Eventration Of Gravid Uterus-Case Report

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Mrs. F.B. age 25 years , second gravida with h/o previous LSCS , came to Labor Room, Government Medical College , Aurangabad as an emergency admission on 31st August, 1997.The patient gave H/o amenorrhoea of 8 months duration , cough with expectoration for 2 months, ulceration over the previous abdominal scar since 8 days, and pain in abdomen since 1 day. Past history revealed a H/O burst abdomen on 6th post-operative day of her previous LSCS . The patient was febrile, appeared pale and was normotensive. P/A there was evidence of incisional hernia, with uterus of 28 wks size as its contents . The skin overlying the sac was devitalised with presence of an infected ulcer.

Palpation showed breech presentation with FHA +ve P/V cervix closed, uneffaced and posterior. General Surgeon's opinion was sought . Since the incisional hernial sac was about to burst , a decision of laparotomy taken.

On laparotomy intestines were found to be adherent to the parietal peritoneum. Adhesions were separated and a preterm LSCS was performed. Repair of hernial sac done by double breasting of the rectus sheath using prolene as the suture material. Post operatively patient received inj. Taxim 1gm, 12 hourly. Stitches were removed on 10th post operative day. This period was uneventful and the patient was discharged on 11th day.