Pregnancy with Myasthenia Gravis- A Case report

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Myasthenia gravis is caused by auto-antibodies to acetylcholine receptors, which are found in upto 90% of patients. The antibodies affect neuromuscular transmission by blocking or destroying the receptors on striated muscle membrane. Thymic abnormalities also occur and have a contributory role in pathogenesis. Incidence of Myasthenia gravis with pregnancy is 1 in 20,000. Here we are presenting a case of Myasthenia gravis with pregnancy.

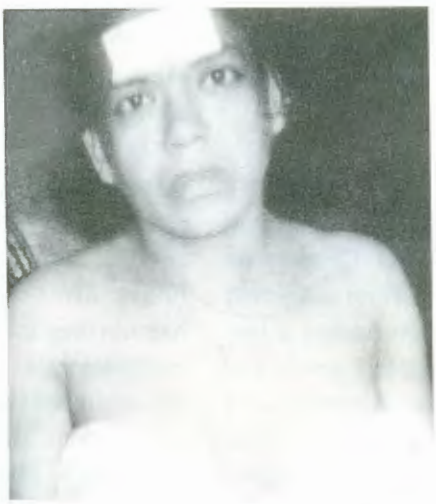

Fig-1. Myasthenia gravis patient with full term Pregnancy having scar of previous thymectomy.

Mrs. P_0 + O, aged 32 yrs. a known case of myasthenia gravis who had thymectomy in 1988 and was on medical treatment (Neostigmine) for last 9 yrs. attended antenatal clinic with amenorrhoea for 6 wks. On examination uterus was bulky and urine for pregnancy test was positive. At first the pt. wanted M.T.P. but she was convinced and was willing to continue the pregnancy. Her antenatal period was uneventful and the disease was well controlled. Her E.D.D was 23.11.97. She was admitted on 14.11.97 with pain in abdomen. O/E BP-120/70 mm Hg, ut term size, Vx fixed FHS + regular, P/V OS admits tip of finger, Cx Tubular, pelvis adequate. As the progress of labour was not satisfactory I.V. drip with 5 units of Syntocinon was started on 15.11.97 at 9 A.M. As there was no satisfactory progress of labour, and there was premature rupure of membranes a decision for C.S was taken. Considering the hazards of using muscle relaxant for general anaesthesia and unpredictable outcome of regional anaesthesia, the anaesthetist considered I.V. Ketamine with Nitrous oxide inhalation suitable for the operation. A male baby weighing 2.6kg was delivered by C.S., baby cried after birth and there was no respiratory problem for the baby during puerparium. Post operative period was uneventful and stitches were removed on 8th day with good union. At postnatal check up after 6 wks both mother & baby were healthy.

Infantile Polycystic Kidney - Case Report

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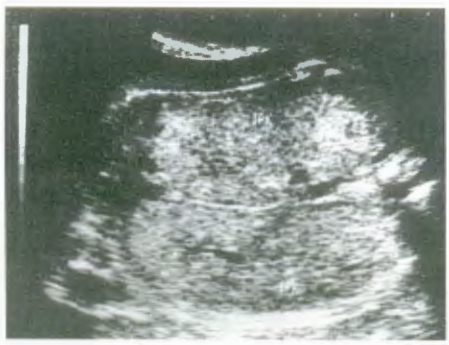
Infantile Polycystic Kidney Disease (IPKD) is an autosomal recessive disease. It occurs in 1 in 40,000 newborns and recurs in 25% of cases. Bilateral enlarged hyperechoic kidneys with oligohydramnios and decrease/ absence of urine in foetal bladder are sonographic diagnostic features.



Mrs. MP, age 28 yrs, P_0+0, LMP 10.4.97 was referred on 25.11.97 for sonographic assessment of oligohydramnios. Her gestational age on 25.11.97 was 32 wk 5 days. Foetal morphometric measurements were – BPD 7.3 cm, HC 28.0 cm, AC 29.8 cm and FL 5.7 cm with a comprehensive sonographic gestational age of 30 wk 6 days. Oligohydramnios was confirmed with a liquor pool of 2.0 cm. Foetal urinary bladder contained minimal urine. Bilateral Infantile polycystic kidneys were diagnosed by detecting symmetric enlargement of both the kidneys maintaining their reniform shapes. The kidneys were also hyperechoic. Placenta was posterior, 5 cm from the os.

Parents were counselled regarding the poor prognosis of the condition and they opted for termination of pregnancy. Following cervical application of cerviprime gel the patient started bleeding profusely (PV) and LSCS was performed. A stillborn foetus with a typical Potter's face was delivered. Parents did not agree to a pathological postmortem examination.