

Successful outcome in a Post-Caesarean pregnancy complicated by Glucose-6-Phosphate dehydrogenase deficiency, post-nephrectomy renal failure and cardiac failure.

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Pregnancy predisposes to worsening of existing renal disease and its sequelae. Heart disease significantly contributes to maternal morbidity and mortality causing haemodynamic alterations in mother and foetus. The likelihood of a favourable outcome for the mother and foetus depends upon the avoidance of complications that further increase cardiac and renal dysfunction, and quality of medical care provided utilizing a "team approach". We report successful management of a post-caesarean pregnancy complicated by renal and cardiac disease.

Mrs. D., a known glucose-6-phosphate-dehydrogenase deficient female aged 32 years, gravida 2, was admitted to the obstetric ward on 17/12/98 with chief complaints of headache, nausea and epigastric pain since 2 days. Her EDD was 1.4.98. She underwent lower segment caesarean section in 1993 for placenta previa. The first baby is alive, a female 4 years of age. She underwent left nephrectomy for hydronephrosis due to pelviureteric junction obstruction in 1996. She was treated for acute falciparum malaria prior to the present hospitalization with oral artesunate.

On examination, she was moderately built, anaemic, afebrile with dependent oedema. Her B.P. was 170/100 mm of Hg. She had signs of congestive cardiac failure. Per abdomen: previous LSCS scar healthy; uterus 32 weeks sized, relaxed, vertex presentation; foetal heart

sounds: 144/min, regular. Per vaginal examination revealed tubular cervix, os closed; presenting part high up. Abdominal ultrasonography showed: left kidney absent, right kidney: grade I parenchymal changes; single live foetus of 32 weeks gestational age, vertical lie. Laboratory investigations: Hb 8.2gm%, PCV 28%. Blood for sickling and malarial parasite were negative. Bleeding time, prothrombin time, clotting time and blood for platelet count: normal values. Blood group Rh+ve. Reticulocyte count: 3.5%. Blood urea nitrogen 39mg/dL, serum creatinine 3.4 mg/dL (indirect fraction 1.4 mg/dL). SGPT 76 U/L. and alkaline phosphatase 267 U/L. CPK 21 U/L. Serum total proteins 7.3 gm/dL and albumin 3.3 gm/dL. Blood for rheumatoid arthritis factor, antinuclear antibodies: negative. Urine analysis revealed 1+ albumin. Urine culture for pyogenic organism: no growth. Skiagram chest showed cardiomegaly and pulmonary congestion. Echocardiography revealed dilated left ventricle with moderate left ventricular dysfunction and pericardial effusion. Fundal examination showed grade II hypertensive retinopathy. She was put on antihypertensive drugs, digoxin, diuretics and chronic renal failure (CRF) diet.

Patient delivered on 28/02/1998 (11 days after hospitalization), a live premature female child (weight 1.8kg) with Apgar score of 10. She received one unit of packed cells. Baby and mother were discharged on the 8th post delivery day. Two months later the mother (on antihypertensive drugs, diuretics and CRF diet) and the baby are doing well.