Successful outcome in a case of pregnancy complicated by Autoimmune disease

Kedar Gianla, Safala Shroff, Ajay Mehta, A. C. Mehta
Dept. of Obst & Gyn, N. Wadia Maternity Hospital, Mumbai 400 012.

Autoimmune antibodies comprise a family of autoantibodies which complicate pregnancies associated with fetal loss. These antibodies are also associated with a variety of medical disorders such SLE, Sjogrens syndrome, thyroiditis etc. Many are asymptomatic and present only in pregnancy.

The basic mechanism of fetal loss essentially being poor placental function due to placental thrombosis. Our reason for bringing this case to notice is to highlight the association of a classical autoimmune disease with complications and pregnancy losses which has been aggressively managed successfully.

30 year old Mrs. J.A.K. was a case of Bad Obstetric History. She had one spontaneous abortion at 5 months of gestation. The second pregnancy resulted in a intra-uterine fetal death at 28 weeks of gestation and was also complicated with severe proteinuric hypertensin. She had suffered from a cerebral venous infarct during the puerperium which was diagnosed on C. T. Scan.

She recovered uneventfully from the infarct. She was investigated for autoimmune disorders and her anti cardiolipin and anti nuclear antibodies were found to be low positive. She was then treated with Aspirin and in view of her hypertension even Atenolol was started and tapered off when she became normotensive.

She conceived for the third time, within a period of 6 months, when she was still taking aspirin. Injection Heparin 5000 IU sc daily was then added to her treatment at 12 weeks of gestation and was continued throughout her pregnancy. Her anticardiolipin and antinuclear antibodies were repeated and were found to be strongly positive. In view of raised titers she was then started on prednisolone 40 mg per day for one week. The dose was gradually tapered off over 4 weeks, the titers were repeated and found to be falling. All throughout her pregnancy her coagulation profile (BT, CT, PT and PTTK) and fetal growth and well being were vigilantly monitored.

She was 30 weeks pregnant when she was admitted with a minor episode of bleeding per vaginum which was diagnosed on ultrasound to be due to low lying placenta previa. Her pregnancy continued uneventfully till 36 weeks of gestation when she was re-admitted with bleeding. At this point she was also diagnosed to have non proteinuric hypertension and α-methyl dopa was started. The ultrasound revealed a single live fetus of 36.4 weeks EBW 2.6 kg and a low lying posterior placenta previa.

In view of her medical and obstetric condition a decision for elective LSCS to be performed at 37 completed weeks was taken. Injection heparin and aspirin were stopped 24 hours before the surgery. She delivered a healthy male child of 2.6 kg. Her postoperative period was uneventful. α-methyl dopa was tapered off when she was normotensive. Antibody titres were repeated and were low positive, in view of which aspirin and heparin were not restarted. Her coagulation profile was repeated and found to be normal. She was discharged after 12 days in good health.