

Acute Leukaemia with pregnancy

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Mrs. P, 24 yrs old P₁+0 was seen in All India Institute of Medical Sciences OPD in September, 1991 with complaints of intermittent pyrexia and progressively increasing pallor for three months. There was no history of any bleeding tendencies or drug intake. History of multiple blood transfusions was present. Her menstrual cycles were regular. In obstetric history she had 2½ months spontaneous abortion 2 years ago. Her second pregnancy was a full term vaginal delivery at a private nursing home 1 year ago. The baby boy had a tracheoesophageal fistula and had died 1 hr after birth. There was no history of any other congenital malformation in the baby.

On examination pallor was present. She had bilateral axillary and right supraclavicular lymphadenopathy. CNS, Chest & CVS examination was within normal limits. On per abdomen examination the liver was enlarged 3 cm below costal margin. The tip of the spleen was palpable. After investigations she was diagnosed to have ALL (L1) type of leukaemia. Patient was started on induction chemotherapy with Cyclophosphamide, Adriamycin and Prednisolone for 4 cycles, followed by consolidation chemotherapy comprising of Cytosine arabinoside, methotrexate, 6 mercaptopurine, endoxan and cranial radiotherapy. After this, the patient was on maintenance chemotherapy with 6 mercaptopurine and

methotrexate. Chemotherapy was stopped 1½ years ago. In May 1995 she was diagnosed to be 20 weeks pregnant. At that time patient also noticed recurrence of symptoms and relapse was diagnosed. She was put on chemotherapy again - Vincristine, Adriamycin, prednisolone. At 34 weeks she was admitted with a diagnosis of threatened preterm labour. Her investigations revealed Hb 6.4 gm%, TLC 4000mm³, Platelet 140,000mm³. Kidney and Liver function tests were within normal limits. She was HBs Ag+ve, urine examination revealed protein 1+, WBC - 4-6 / HPF. Ultrasound examination of fetus showed placenta grade II, biparietal diameter and femur length were corresponding to 34 weeks of gestation. Liquor was adequate. There was no obvious congenital anomaly.

Patient was managed conservatively. She received 10 blood transfusions. Chemotherapy was continued. At 38 weeks labour was induced with PGE₂ gel as cervix was unfavourable and Bishop score was 3. Labour progressed well. Patient had spontaneous vaginal delivery on 20/8/95. A female baby weighing 2.4kg appropriate for date was born. No obvious congenital anomaly was noticed. Baby was HBs Ag negative and was given Immunoglobulin and HBsAg vaccine. There was no significant complication in the puerperium. The patient was discharged on 10th day and advised to report for follow up. Her chemotherapy was continued.