

Case of Very Early Pregnancy Loss Treated Successfully with Lymphocyte Immune Therapy

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There is now enough evidence to support that antiphospholipid syndrome and altered Natural killer cell activity (N.K.C.A.) are important causes of recurrent pregnancy loss. These may also be causing very early pregnancy losses, even before the patient misses her period. Antiphospholipids not only cause hypercoagulable state but also interfere with formation of syncytiotrophoblast and cytotrophoblast and are associated with abnormal embryo morphology. Elevated N.K.C.A. is associated with early pregnancy loss and can be treated by Lymphocyte Immune Therapy (LIT) and intravenous immunoglobulin.

The couple (28yrs/32yrs) had 5 years of infertility. Patient had lymph node tuberculosis in 1993 for which she took ATT. Diagnostic laparoscopy was normal. Husband's semen analysis was normal. All routine investigations were normal except for reactive VDRL in 1995. After treatment, repeat VDRL was normal.

1. '95-she was 10 days overdue, pregnancy test was positive, but she had normal menstrual flow.
2. Follicular monitoring was done, in June '98, with clomiphene citrate 100mg and dexamethasone. One follicle developed, endometrium was very good with triple phase pattern and cervical mucus was excellent during peri-ovulatory phase. Post coital test was extremely positive, with more than 20 progressively motile sperms/HIPF 17 hours after coitus. Follicle ruptured on cycle day 15. One week later, ultrasound was repeated and early trophoblastic infiltration was detected. The serum beta hCG was 16Miu/ml. Four weeks after LMP, urine beta hCG was weakly positive. Uterus still had dense hyper-echoic infiltration in the sub-endothelial region. Beta-hCG six weeks after LMP was 62mIU/ml and she had a period after that.

She had one more missed period again in August '98 but no pregnancy test was done. On reviewing the chart it appeared that she was having very early pregnancy loss (VEPL). She was investigated for antiphospholipid antibodies and Lupus anti-coagulant was positive. She was commenced on 50mg ASA daily. Natural Killer Cell Activity was investigated which showed elevated CD19 and CD56+ cells. She was given Lymphocyte Immune Therapy (LIT) with husband and donor blood. She conceived spontaneously in the same month and now she is 8 weeks pregnant with good fetal heart, good trophoblastic reaction and a regular gestational sac.