

Consanguinous Marriage : A Cause of Repeated Congenital Abnormalities

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A Kannada patient aged 27 years was admitted in S.G.T.B. Hospital, Amritsar on 8.10.98 with the history of amenorrhoea 8 months with slight bleeding P/V since morning without any history of associated pain in abdomen, headache or blurring of vision. 1st and 2nd trimesters were uneventful and she had regular antenatal check up at Military Hospital, Amritsar. She was kept under conservative treatment and was investigated for further management.

Menstrual history :

L.M.P : 12.2.98

E.D.D : 19.11.98

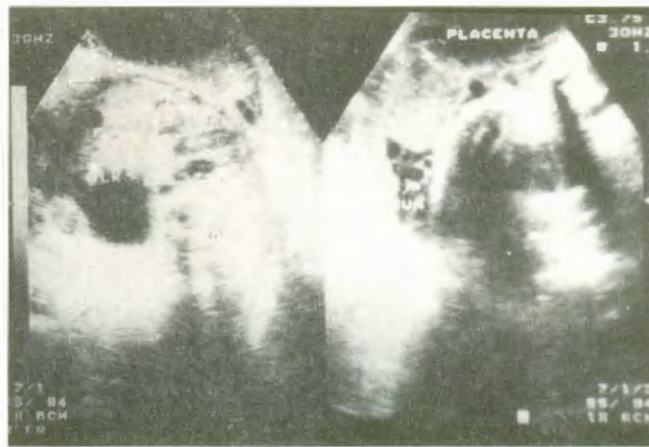
Cycles : Regular

Obstetric history :

She was married to her maternal uncle. She conceived after 6 years of marriage, after taking treatment for infertility. She had regular ante-natal check up and in 7th month anencephaly was diagnosed on ultrasonography. So this pregnancy was terminated at 28 weeks.

She conceived again after 3 months of 1st delivery. She delivered a live male baby with the evidence of cardiomegaly and congestive heart failure. Echocardiography of the child showed severe pulmonary hypertension with pulmonary regurgitation, markedly enlarged right ventricle and right atrium with grade III and IV tricuspid regurgitation, hypokinetic ventricles, mitral regurgitation with hepatomegaly and without any septal defects and without P.D.A. The child expired after 3 days.

She was referred from Military Hospital to this hospital and on 10.10.98 ultrasonography showed a live foetus of 35 weeks with good biophysical score. A cystic structure measuring 4.5 x 4.2 cm was seen in the left kidney. Right kidney was normal. The umbilical cord showed single umbilical artery. The placenta was anterior and in upper segment (Photograph).



Photograph of U.S.G. showing single umbilical artery and cyst in the left kidney

General Physical and Systemic Examination : N.A.D.

Per abdomen : Fundal height 34 weeks, Cephalic presentation, Fetal heart sound present.

Investigations : Hb : 10 gm%, ABORh A positive, VDRL nonreactive, TORCH Negative, FBS 96 mg%, Urine C/S NAD, Ultrasonography repeated at weekly interval for detailed biophysical profile.

Since one normal kidney is compatible with life, pregnancy was allowed to be continued till term.

She had spontaneous onset of labour on 31/10/98 and she delivered full term alive male baby who cried immediately after birth. No gross congenital malformation was seen. Complete placenta with membranes delivered. Umbilical cord had single umbilical artery which was confirmed on histopathological examination of the cord. Postpartum period was uneventful. Ultrasonography of baby showed the same findings which were seen in antenatal period. Baby was referred to Paediatric neonatal unit for further management and is alive and healthy till date i.e. 15/12/98.