

Unique Observations in Three Pregnancies Supplemented with HCG – Case Reports

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HCG therapy is becoming popular in supporting pregnancy in first trimester for numerous indications. However in the present series of 87 HCG supplemented pregnancies over last 2 years, following unique observations were made.

Observation 1

Pleural effusion with mild ascites was seen in one patient at 13 weeks gestation which subsided after stoppage of HCG injections.

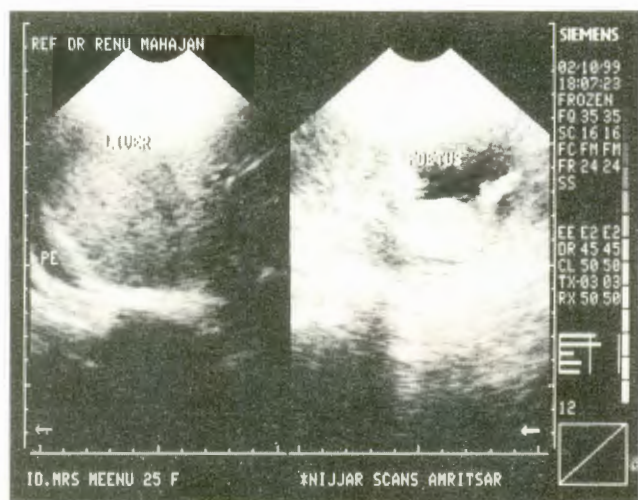


Fig 1: USG showing 13 weeks normal pregnancy with right sided pleural effusion

Case Summary

Mrs. M 25 years, G3P0A2 with previous 2 missed abortions who was given HCG injections developed breathlessness and right sided chest pain at the end of first trimester. Ultrasonography (USG) revealed right

sided minimal pleural effusion (Fig. 1) and mild ascites without any lymphnode enlargement, along with 13 weeks normal pregnancy. There was no lung pathology, patient was treated conservatively without any relief. HCG stoppage relieved the patient after 2 weeks and USG confirmed the disappearance of pleural effusion and ascites.

Observation 2

Occurrence of placental insufficiency is rarely seen in patients on HCG therapy as only two patients out of 87 treated cases (Jan 97 to Dec. 99) presented with above phenomenon.

Case summaries

- Mrs. P.B. G3P2L0 with previous two LSCS was given HCG injections for threatened abortion. Her antenatal record was O.K. till 37 weeks pregnancy when she complained of less foetal movements. Doppler study revealed irregular blood flow in umbilical artery waveform and oligohydramnios. A live baby of 2.5kg was born by emergency LSCS. Liquor was scanty but clear. Apgar score was 3 at 1 minute and 8 at 5 minutes.
- Mrs. R. conceived with bicornuate uterus and HCG supplementation was given. With previous normal antenatal record she got variable FHS (65-120/min) at 30.5 weeks. USG confirmed the variability but colour Doppler did not reveal any placental insufficiency. So the patient was kept under close observations. At 33 weeks pregnancy, patient observed decreased foetal movements. Moderate placental insufficiency was seen on colour Doppler when FHR was < 90/min (Fig. 2) (rate was varving

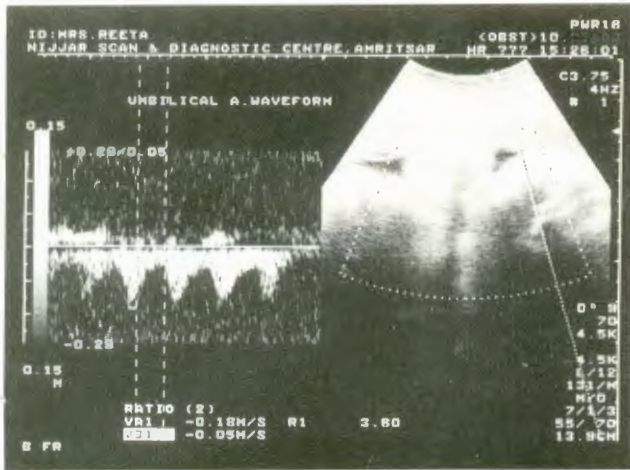


Fig 2: USG showing moderate placental insufficiency on colour Doppler study

between 60-160/mt). Oligohydramnios was also present. A live baby of 2.1 kg with Apgar score of 8 at 1 minute was born with LSCS. Baby was kept under intensive neonatal care.

Observation no. 3

Undiagnosed heterotopic pregnancy resulting from clomiphene stimulation and supplemented with HCG was kept ongoing till 13 weeks when frank rupture of tubal pregnancy manifested as acute abdomen due to massive intraperitoneal haemorrhage. This case is reported elsewhere in this issue of the journal.