A Case of Recurrent Neural Tube Defects in Successive Pregnancies

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A 26 year old $G_5P_{2+1+2+1}$ presented to our antenatal clinic on 2-5-2000 with amenorrhoea of about 11 weeks. Her first male baby delivered by Emergency Caesarean section for fetal distress, had a lumber meningomyelocele and died 6 months after birth. Her second pregnancy ended in a spontaneous abortion at 2½ months of pregnancy. A year later she had an uneventful pregnancy followed by normal vaginal delivery at term and the healthy male baby is alive at present. She again had a spontaneous abortion 6 months later at 3 months gestation. In her 5th pregnancy, anencephaly was diagnosed in the 7th month during her first antenatal visit and therefore pregnancy was terminated. Inspite of counseling regarding the increased risk of neural tube defects (NTD) in future pregnancies, the patient had not complied with the doctors advice regarding periconceptional folic acid. There was no history of consanguinity or any history of affected family member. At the time of presentation, general physical examination and systemic examination revealed no abnormality. Bimanual examination revealed a 10 weeks pregnant uterus. In view of previous NTD, ultrasonographic (USG) examination was performed on 3-5-2000 which revealed features suggestive of anencephaly. She was counseled and called for repeat scanning after 1 week but she did not follow up till 16 weeks of pregnancy. At this time on 8-6-2000 USG distinctly revealed an anencephalic fetus and therefore pregnancy was terminated by intraamniotic prostaglandin. She aborted 12 hrs later on 10-6-2000 and the female anencephalic fetus did not have any other associated anomalies.

Our case highlights the increased risk of neural tube defects after affection of previous babies with the same. The risk of recurrence is variously quoted from 1% to 5% after affection of one sibling. To minimize this risk, periconceptional folic acid (4mg/day) is recommended. However, compliance is a major problem as demonstrated by our case.