

Pregnancy with Thalassaemia Minor - A Case Report

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Mrs. A., a 26-year-old female patient, presented to the antenatal clinic with one placenta at insertion 35-36 weeks duration and gestational weight loss. Offspring was of average small stature, muscularity poor with no edema, symphysis pubis free lower uterine fund and bilateral breast axilla normal. Physical and laboratory examination revealed no abnormalities and 31V examination revealed a bulky uterus which was soft, contracted and mobile with free formae. Haematocrit and peripheral smear showed a polychromic erythrocytosis. Hb electrophoresis revealed the patient to be a case of thalassaemia minor. Her blood group was B+ve.

She was a second marriage and had a 31NE11 4-year-old son. She had a female baby with normal growth and milestones. Chromosomal analysis and serological investigation of the baby was found to be a case of thalassaemia minor with blood group AB negative. The husband was screened and found out to be a case of thalassaemia minor with blood group A+ve.

The first baby was advised to give blood transfusion along with iron chelation. She was advised iron marrow transplantation for long-term survival.

During pregnancy, the rest of the week of her pregnancy with thalassaemia minor. The patient was advised parental cytotoxic tests for the same. She underwent caesarean section delivery at 37K. Volume and Coombs test was diagnosed to be having thalassaemia minor.

The patient continued successfully with the second pregnancy, but it was planned for a lower caesarean section for delivery with the doctor being her job as a generalist.

The patient had a normal full-term vaginal delivery and delivered a healthy male child weighing 3.2 kg. The baby was found to be thalassaemia minor concerning the physical test.

This case is being presented in view of the rare incidence of the disease in children born to parents of normal haemoglobin genotype. The problem is compounded by the fact that the blood group of the baby diagnosed as the thalassaemia minor and having genotype haemoglobin A11 negative. As far as I know this is the only such case in China.