Tonmoy Das, Alakananda, Kamal Kathar

International Hospital, Guwahati – 5.

Mrs S. B 32 yrs old female who was apparently healthy and did not have any h/o medical disorder till she got married in December, 1992. Few months before marriage she with her family went outside the state for Master health check up and all were investigated except her as she was considered extremely healthy.

Two months after marriage she missed her period along with nausea & vomiting. Naturally pregnancy was suspected & urine tested for β HCG which was negative. After few days she developed nocturnal dyspnoea and subsequently she was shifted to Guwahati and diagnosed as a case of LVF due to CRF. In May 1993 renal transplantation was done and after 2 yrs of stable graft function conception was advised.

She developed hyperglycemia due to steroid therapy probably superimposed on genetic factor as both parents are diabetic. She was put on insulin since 1994. Within next 3 yrs from 1995-1997 she had 3 consecutive 1st trimester abortions. She came back in April 1999 as

she did not conceive after last abortion in 1997. She was on CC 50mg OD for 5 days and conceived in July 1999. Immunosuppressive drugs azoran, cyclosporine, wysolone and insulin were continued throughout her pregnancy. She developed hypertension from early 2nd trimester which was controlled with stamlo 10mg OD and received blood transfusion for anaemia. Her antenatal period was otherwise uneventful. RFT was done 2 weekly & blood sugar monitored regularly. She was admitted at 36 wks. on 29-3-2000. Two days after admission LSCS was done on 31-3-2000 due to non-reactive NST.

Though transplanted kidney lies in the right iliac fossa there was no difficulty in doing LSCS by transverse incision. Liquor was stained and a healthy male baby was delivered weighing 2.4 kg. Her post operative period was uneventful. She continued all immunosuppressive drugs and was discharged on 8th post operative day after repeating RFT which were within normal limits.