

Successful Pregnancy Outcome in a Hemophiliac

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Introduction

Hemophilias are inherited disorders associated with decreased or absent coagulation factor VIII or IX with an incidence of about 1 in 10,000¹. The most common variety is hemophilia A (85%), which is associated with deficiency of factor VIII. Symptoms and signs depend upon the degree of lack of coagulation factors concerned.

Case Report

A 25 year old gravida 2, para 1 with no living issue presented at 8 weeks of gestation for antenatal care. In her previous pregnancy, she had preterm intrauterine fetal death at eight months, ending in the delivery of a fresh still born female baby weighting 2 kgs. Puerperium was complicated by prolonged and heavy vaginal bleeding for 2 months. She was managed by a general practitioner with hemostatics and was not investigated for the cause of prolonged postpartum bleeding. Her previous medical, surgical and gynecological history was unremarkable.

Her general physical examination, obstetric examination and routine antenatal investigations were normal. During the third month, following a cut injury over her right arm, she had continuous bleeding to the extent of requiring five blood transfusions. Following the

hematologist's opinion, coagulation screen was done which revealed 53% of normal factor VIII activity. She was continued on conservative management and the pregnancy continued uneventfully. At 36 weeks, she was advised admission in view of breech presentation, but she refused. Next day she presented in emergency in advanced labor with cervix was 8cm dilated and delivered vaginally a female baby of 2.1 kg with Apgar score of 7,8 and 9 at 1,5 and 10 minutes. One unit of cryoprecipitate was given prophylactically following which factor VIII levels rose to 58%. The post-partum period was uneventful. Baby's factor VIII levels were normal at birth.

Discussion

Female carriers of hemophilia A usually do not have clinical manifestations but cases where factor VIII levels are unusually low (10-30% of normal), abnormal bleeding may occur following traumatic injury or surgery. It is suggested that, if the factor VIII levels continue to remain low, cryoprecipitate should be given to cover delivery and continued for 3-4 days postpartum to maintain factor VIII levels greater than 50%. Factor VIII concentrates should be avoided because they expose women to hazards of multiple donations. Labor and delivery should be carried out by the least traumatic method².

References

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