Successful Pregnancy Outcome in Takayasu's Arteritis

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Case Report

Takayasu's arteritis is predominantly seen among Asian young women and hence obstreticians sometimes face this problem'. This disease is characterized by an imflammatory condition of aortic arch resulting in obstruction of aorta and its branches. The patient presents with variable complaints depending upon the site and extent of obstruction. The maternal risks of Takayasu's arteritis are PIH, pre-eclampsia, heart failure, cerebro-vascular accidents and renal failure. The fetal risks are IUGR and IUFD2. Successful outcome in a pregnant woman with Takayasu's disease is reported here.

Mrs. SB, a 28 year old primigravida attended our antenatal clinic after her second missed period. Her LMP was on 1st September, 2001and EDD 8th June, 2002. Her radical, brachial and axillary artery pulsations were absent on both hands. Carotid pulsation was of low volume in the left side compared to that in the right side. Bilateral, femoral, popliteal and posterior tibial pulsations were present and were of equal volume. Her pulse was 80 / min. and BP 100/70 mm of Hg (lower limb). Uterine size corresponded to eight weeks. There was no past history of syncope, breathlessness or acute renal failure. Investigations revealed Hb 10 gm%, blood group A+ve, VDRL- nonreactive in both partners, Toxoplasma negative, fasting blood sugar normal, urine routine examination normal and gravindex positive. The woman was referred to the cardiology department, where ECG revealed no abnormality. ECHO study and Colour Doppler revealed significant aortic obstruction. She had regular antenatal care. Routine ultrasonogram at 16th week was normal. Pregnancy was uneventful till 34 weeks when she had excessive weight gain, six kgs in four weeks, edema and hypertension; BP 150/90 mm of Hg. She was treated with calcigard 30 mg daily in divided doses. Her repeat hemoglobin was 10gm%, blood urea 20gm%, uric acid 2mg%, creatinine 0.8mg%, urine albumin absent. Opthalmoscopy findings were normal. Repeat ultrasonogram at the 35th week revealed AFI 12.5 em, fetal weight 2.3kg and grade II placenta. At the 37th week of gestation, she had PROM followed by spontaneous onset of labor with mild uterine contractions. Uterus was contracting, presentation was cephalic with 4/5th head palpable and FHS were 130 min and regular. Cervix 60% effaced and 1.5 em dilated, pelvis adequate and liqor clear. BP was 140/90 mm of Hg. For bacterial endocarditis prophylaxis 2 gm of ampicillin and 80 mg of gentamicin IV was started. Labor augmentation was done with 2.5U syntocinon with close monitoring of mother and fetus. She developed fetal distress after four hours with FHR 126 / min and meconium stained liqor. Cesarean section was done under general anesthesia and a female baby weighing 2.9 kg was delivered with Apgar score 8 at one minute and 9 at five minutes. There were two rounds of cord around the neck. The postoperative period was uneventful. The mother and baby were discharged on the eighth post operative day with advice to do angiography after six weeks. She did not return and was lost to follow up.

Discussion

Very few cases of Takayasu's disease are reported with a successful pregnancy outcome'<. The management depends upon the magnitude of blood pressure elevation in late gestational period. The cases with Takayasu's arteritis can be left for vaginal delivery, if disease is under control'. Cesarean section is required for uncontrollable hypertension or other superimposed complications like cerebral anurysm or obstretical problems like fetal distress as in the present case.

References

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