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LEUKEMIA IN PREGNANCY MASQUERADING AS HELLP SYNDROME

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BACKGROUND: Cancer is diagnosed in about 0.07% to 0.1% of pregnancies and represents the second most common cause of maternal death after gestation-related vascular complications. Acute myeloid leukemia (AML) accounts for more than two thirds of leukemia during pregnancy and has an incidence of 1 in 75,000 to 100,000. Pregnant women showed the same cancer frequency and localization when compared to nonpregnant ones of the same age. Acute leukemias rank third after breast and cervical cancer in association with pregnancy. Pregnancy often results in a delay in diagnosis. Because the early symptoms are non-specific, the diagnosis is generally made during the second and third trimester. It is estimated that 23% of acute leukemias diagnosed during pregnancy are detected in the first trimester, 37% in the second trimester, and 40% in the third trimester.

During pregnancy, most leukemias are acute: two-thirds are myeloid and one-third are lymphoblastic. Non-specific symptoms such as fatigue, weakness, dyspnoea, and pallor are easily attributed to the physiological changes occurring during pregnancy. The physiological changes associated with pregnancy can also mask certain laboratory abnormalities that are typically present in AML, such as anaemia of pregnancy, leucocytosis, or gestational thrombocytopenia. Recurrent infections and bleeding can reflect bone marrow failure.

AML can cause leukostasis, thrombosis, and coagulopathy, which might be aggravated by gestation.

CASE DESCRIPTION:

A 31yr old multigravida, married non-consanguineously was referred to our institute with? coagulopathy with HELLP syndrome APH? Abruption at 38 weeks GA (by dates). She presented with complaints of pedal oedema, ecchymosis all over body and decreased urine output since 10 days, following which she had urinary tract infection for which she was treated. She later presented with complaint of bleeding per vagina. On evaluation, her coagulation profile was deranged, raised serum LDH, low platelet count, peripheral smear showing more than 70% blast like cells and was having proteinuria. She was transfused with blood products following which she was found to be in labour and has delivered a term female baby by VBAC. Baby was shifted to NICU in view of grunting. Mother had PPH after delivery, which was managed with massive transfusion protocol and bleeding was controlled. But, she has collapsed suddenly nearly 4 hours after delivery preceding a spike in her blood pressure. She also had hematuria and gum bleeding. CCU intensivist call was done and all resuscitative measures tried but the patient succumbed to death.

Conclusion: This is probably a case of acute AML type 3, based on her peripheral blood smear showing evidence of anaemia, thrombocytopenia and more than 70% blast like cells, presenting like HELLP syndrome. Death in this case is due to intracranial haemorrhage caused by DIC in leukemia. Early diagnosis and appropriate intervention could have prevented such circumstances.

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