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Sickle cell disease in pregnancy complicated by COVID-19 and preeclampsia- Challenges in management

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Sickle cell disease (SCD) is a complex and life-threatening inherited blood disorder. Pregnancy in SCD is associated with both maternal and fetal complications. A recent meta-analysis showed a strong association between SCD pregnancies and pulmonary complications.

The COVID-19 infection, caused by the SARS-CoV-2 coronavirus, can lead to an acute respiratory distress syndrome (ARDS) and multiple organ failure. Few reports have been published regarding the COVID-19 and pulmonary manifestations in a pregnant woman with SCD and also about the perinatal outcome.

A 33 year old woman at 33 weeks of gestation with known case of sickle cell anaemia presented to AIIMS emergency ward with complaints of sudden onset of shortness of breath. Her COVID 19 testing was positive, blood investigations were within normal limits and she was managed with supplemental oxygen and antibiotics. During the hospital stay, she also developed fever and cough. Her repeat COVID 19 testing on 10th day was positive and her blood investigations and chest x-ray were suggestive of features of bilateral COVID pneumonia. She was started on 4 litres/min of supplemental oxygen, inj. LMWH, tab. HCQ and broad spectrum antibiotics. An emergency LSCS was done in view of fetal distress. Postoperatively, patient was managed in HDU and baby was shifted to NICU. Her general condition improved and her symptoms relieved on 17th day and baby was shifted to mother's side.

Primary authors: Dr THAKUR, Pushpawati; Dr BETZY, Deepthi Leelia

Presenter: Dr BETZY, Deepthi Leelia

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