



Contribution ID: 27

Type: Paper

LEUKEMIA IN PREGNANCY MASQUERADING AS HELLP SYNDROME

Saturday, 18 September 2021 15:25 (10 minutes)

BACKGROUND:

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. Pregnancy often results in a delay in diagnosis because the early symptoms are non-specific. Nonspecific symptoms such as fatigue, weakness, dyspnoea, and pallor and certain laboratory abnormalities are easily attributed to the physiological changes occurring during pregnancy such as anaemia of pregnancy, leucocytosis, or gestational thrombocytopenia. Recurrent infections and bleeding can reflect bone marrow failure.

CASE:

A 31yr old multigravida, was referred to our institute with ?coagulopathy with HELLP syndrome APH? Abrupton at 38 weeks Gestational age (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. 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. 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.

Primary author: Dr SINHA, Nutan (PG JR)

Co-authors: Dr RAJBHAR, Sarita (Associate Professor); Dr THAKUR, Pushpawati (Additional Professor)

Presenter: Dr SINHA, Nutan (PG JR)

Session Classification: Paper Presentation Slot 2