

A white rectangular card with a slightly textured surface is placed on a rustic wooden surface. The word "welcome" is written on the card in a dark grey, elegant cursive font. The card is surrounded by several small, vibrant pink flowers with green stems and leaves, scattered around its edges. The wooden background has a natural, weathered appearance with visible grain and some cracks. There are faint, repeating watermarks of a camera icon and the text "123RF" across the image.

welcome

A 29-YEARS-OLD WOMAN PRESENTED WITH 24 WEEKS PREGNANCY WITH PRE- ECLAMPSIA WITH SEVERE FEATURES.

Presented by

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MAT-IV

**Department of Obs & Gynae
DMCH**



PARTICULARS OF THE PATIENT

Name of the patient : Mrs Nazma
Age : 29 years
Religion : Islam
Occupation : Housewife
Present address : Brahmanbaria.
Date of Admission : 25 June,2024 at 8:30am
Date of examination : 25 June ,2024 at 8:30am

CHIEF COMPLAINTS

- Pregnancy for 24 weeks
- High rise of blood pressure for 1 month.
- Extreme fatigue and weakness for 1 month

HISTORY OF PRESENT ILLNESS

According to the statement of the patient, she was a regularly menstruating woman with average flow and duration prior to this pregnancy. Her pregnancy was confirmed by early USG. She was on irregular antenatal check up but was duly immunized against tetanus.

HISTORY OF PRESENT ILLNESS(Cont..)

Her pregnancy was uneventful upto 20 weeks of pregnancy. Then she noticed extreme fatigue and weakness during her daily activities for 1 month. She also developed severe headache for 3 days. Then she went to a local obstetrician. Her blood pressure was found raised 160/100mmHg and was advised to take antihypertensive drug Tab Labetalol 200mg twice daily.

HISTORY OF PRESENT ILLNESS (Cont..)

Obstetrician also suggested her to do complete blood count where Hb% level was 8.5 gm/dl and platelet count was 45,000/mm³. She was referred to a haematologist and was suggested to do bone marrow examination which revealed normal findings. For that reason she was referred to DMCH for her better management.

HISTORY OF PRESENT ILLNESS (Cont..)

With the above complaints she was admitted under maternity unit during her 24 weeks of pregnancy. On query she has no history of gum bleeding, epistaxis, hematuria or bleeding from any site of the body, blood transfusion. She also has no history of fever, oral ulcer, skin rash, stroke or unconsciousness. Her bowel and bladder habit was normal.

OBSTETRICAL HISTORY

- Married for : 15 year
- Para : [2(C/S)-1 (IUD at 32 weeks)] + 0
- Gravida : 3rd
- Age of the last child : 13 years

MENSTRUAL HISTORY

- Menstrual cycle : Regular
- LMP : 03.01.2024
- EDD : 10.10.2024

CONTRACEPTIVE HISTORY

- The couple practiced barrier method for contraception for 2 years

HISTORY OF MEDICAL AND SURGICAL ILLNESS

- She had no history of Br. asthma, DM, TB, heart disease, renal disease or thyroid disorder
- History of previous 2 Cesarean Section

PERSONAL HISTORY

- She is a housewife and belongs to a lower socioeconomic family
- She has no history of chewing betelnut, smoking, alcohol consumption or any drug abuse

FAMILY HISTORY

- Her father is diabetic
- No other family history coming from other family member

IMMUNIZATION HISTORY

- She is immunized as per EPI schedule and vaccinated against Covid-19

DRUG HISTORY

- History of taking iron and calcium supplementation but not regularly. She had no known allergy to any drug

GENERAL EXAMINATION

- Appearance : Anxious
- Decubitus : on choice
- Height : 5 feet
- Weight : 52kg
- BMI : 22.3 kg/m²

GENERAL EXAMINATION (cont..)

- Anemia : Present (+)
- Jaundice : Absent
- Cyanosis : Absent
- Oedema : Mild
- Dehydration : Absent

GENERAL EXAMINATION (cont...)

- Pulse : 84 beats/min
- Blood Pressure : 120/75 mmHg (on drug)
- Temperature : 98°F
- Respiratory rate : 18 breaths/min

GENERAL EXAMINATION (cont..)

- Neck vein : Not engorged
- Lymph node : Not palpable
- Thyroid gland : Not enlarged
- Breast : Normal changes for pregnancy

Bed side urine albumin test : 3+

SYSTEMIC EXAMINATION

EXAMINATION OF RESPIRATORY SYSTEM

- Inspection : Shape & movement of chest is normal
Respiratory rate: 18 breaths/min
- Palpation : NAD
- Percussion : NAD
- Auscultation : Vesicular breath sound without any added sound

EXAMINATION OF CARDIOVASCULAR SYSTEM

- Inspection: No scar mark or chest wall abnormalities
- Palpation: The apex beat was palpable in the left 5th intercostal space, in the mid-clavicular line. No heaves or thrills were noted
- Auscultation: Normal heart sounds, with no added sounds

Other Systemic Examination

- Nervous system
- Musculoskeletal system
- GIT system



No
abnormalities

Obstetric Examination

Abdominal examination:

Inspection:

- Abdomen was enlarged and pyriform in shape.
- Striae gravidarum and linea nigra were present.
- Umbilicus was centrally placed & inverted

Palpation:

- Symphysio-fundal height : 24 cm

Obstetric Examination

cont...

Auscultation : Fetal heart sound: 152 bpm

Per Vaginal examination:

- On Inspection: Vulva and perineum were looking healthy
- Bi-manual examination: Not done

SALIENT FEATURES

Mrs. Nazma, a 29 years old 3rd gravid women, hailing from Brahmanbaria was admitted in this hospital on 25 September, 2024 at her 24 weeks of pregnancy with the complaints of Pregnancy for 24 weeks, high rise of blood pressure for 1 month and extreme fatigue and weakness for 1 month.

SALIENT FEATURES

cont...

According to the statement of the patient, Her menstrual cycle was regular, LMP was on 03/01/2024 & accordingly her EDD was on 10/10/2024. She was on irregular ante natal check up. Her pregnancy period was uneventful up to 20 weeks as stated by the patient.

SALIENT FEATURES

contd..

Then she experienced extreme fatigue and joint pain during her daily activities for the last 1 month. She also developed severe headache for 3 days and went to a local obstetrician and her blood pressure was found raised and advised to take antihypertensive drug.

SALIENT FEATURES

Cont...

Obstetrician suggested her to do CBC where HB% level was 8.5 gm/dl and platelet count was 45,000/mm³ in blood. Obstetrician referred her to a hematologist and suggested to do bone marrow examination which report was normal. Then she was referred to her on DMCH for her better management.

SALIENT FEATURES

Cont...

During admission she was diagnosed as a case of 3rd gravida 24 weeks pregnancy with pre-eclampsia and on query she gave no history of gum bleeding, epistaxis or bleeding from any site of the body. She also gave no history of fever, oral ulcer, skin rash and unconsciousness and stroke . Her bowel and bladder habit were normal.

SALIENT FEATURES

(Cont...)

She was non-diabetic, non- asthmatic.

On examination, the patient was mildly anemic, non icteric, mildly edematous, not dehydrated

Her pulse was 84 b/min, BP-140/100 mmHg, Temp- 98°F, RR- 18 breaths/min and Bed side urine examination for albumin: 3+

SALIENT FEATURE

(Cont..)

On obstretic examination, SFH was 24cm and a single fetus, longitudinal lie and amniotic fluid seems to be adequate. **Fetal heart rate was 152 bpm.**

Cardio-respiratory system examination revealed no abnormality.

Key points:



Pregnancy for 24 weeks

Extreme fatigue and weakness for 1 month.

High rise of blood pressure for 1 month.

Previous history of IUFD at 32 weeks of pregnancy

Moderate anemia and Thrombocytopenia

Urine albumin 3+



**PROVISIONAL
DIAGNOSIS?**



PROVISIONAL DIAGNOSIS

3rd gravida 24 weeks of pregnancy with Pre-eclampsia with severe features with SLE with BOH with previous history of 2 CEsarian Section



DIFFERENTIAL DIAGNOSIS

3rd gravida 24 weeks of Pregnancy with Pre-eclampsia with severe features with BOH with

- Antiphospholipid Antibody (APLA) Syndrome
- Gestational Thrombocytopenia
- HELLP syndrome
- Idiopathic Thrombocytopenic Purpura

A scientist in a white lab coat is working in a laboratory. The scientist is holding a pipette in their right hand and has their left hand on a laptop keyboard. The background shows various laboratory glassware, including test tubes in a rack, a flask, and a beaker. The scene is brightly lit with overhead fluorescent lights.

INVESTIGATIONS

Investigations (CBC Report)

Before admission

Date	Investigation CBC	Result	Range
28/05/24	Hb%	8.5g/dl	Range – Hb: 11-13.3 gm/dl PLT: 150000- 400000/mm3
	Platelet count	45000/mm3	
30/05/24	Hb%	9.3g/dl	
	Platelet count	40000/mm3	
06/06/24	Hb%	9.1g/dl	
	Platelet count	26000/mm3	
09/06/24	Hb%	8.7g/dl	
	Platelet count	25000/mm3	

INVESTIGATIONS (Before admission)

DATE OF INVESTIGATION	NAME OF INVESTIGATION	RESULT	REFERENCE RANGE
30-05-2024	HBsAg Anti-HCV S.TSH	Negative Negative 2.27 mIU/L	030-4.20,mIU/L
30-05-2024	OGTT (FBG) 2hr after 75gm glucose	5.4 mmol/L 6.9 mmol/L	3.89-6.11mmol/L Upto 7.8mmol/L
09-06-2024	BT	07 sec	6-11 sec
09-06-2024	CT	12 sec	
09-06-2024	APTT	28 sec	24-40 sec
09-06-2024	PT	14 sec	12-14 sec
09-06-2024	INR	1.02 sec	
16-06-2024	urine R/M/E	Albumin 2+ others normal	

BONE MARROW EXAMINATION

On 06.06.24

: Normal reactive marrow

Investigations (CBC Report)

On admission

Date	Investigation CBC	Result	
25/06/24	Hb%	9.5g/dl	Range – Hb: 11-13.3 gm/dl PLT: 150000- 400000/mm3
	Platelet count	25000/mm3	
27/06/24	Hb%	8.5 g/dl	
	Platelet count	24000/mm3	
29/06/24	Hb%	7.5 g/dl	
	Platelet count	24,000/mm3	

INVESTIGATIONS

DATE OF INVESTIGATION	NAME OF INVESTIGATION	RESULT	REFERENCE RANGE
29-06-2024	ANA	Immunofluorescence observed. Anti nuclear antibody moderately positive.	
07-07-2024	Anti-ds-DNA	32.96 U/mL	> 30 U/mL Positive
07-07-2024	Serum C3 Serum C4	1.73 g/L 0.395g/L	0.90-1.80 0.10-0.40
23-06-2024	Lupus anticoagulant	LA1: 35.4 sec LA2: 26 sec LA1 / LA2: 1.36	Weakly present : 1.20-1.50
23-06-2024	Anti cardiolipin-IgG Anti cardiolipin-IgM	6.0 U/ml 3.6 U/ml	< 10 Negative < 7 Negative
30-06-2024	Protein Creatinine Ratio	0.34	< 0.2 Normal

INVESTIGATIONS

DATE OF INVESTIGATION	NAME OF INVESTIGATION	RESULT	REFERENCE RANGE
07-06-2024	USG of Colour doppler Study at 24 weeks	Placenta: Posterior AFI average Bilateral notching of uterine artery	
07-06-2024	Fetal Echocardiography	Report was normal	
01-06-2024	CRP	< 6mg/L	< 6 mg/L

Confirmatory Diagnosis

3rd gravida 24 weeks of pregnancy with Pre-eclampsia with severe features with SLE with secondary anti-phospholipid antibody syndrome with BOH with Previous history of 2 C/S

Multidisciplinary Team Approach for Conservative Management

With the consultation of faculty of, Fetomaternal Medicine unit, Haematology unit, Rheumatologist unit, Conservative management was given.

General management:

- Diet: Normal
- Tab. Aspirin (75mg) (0+0+1)
- Inj. Enoxaparin (60IU) (1 PFS S/C Daily)
- Tab. Hydroxychloroquine (200mg) (0+0+1)
- Tab. Labetalol (200mg) (1+1+1+1)
- Tab. Prednisolon (20mg) ($1\frac{1}{2} + 0 + 0$)
- Tab. Omeprazole (20mg) (1+0+01)
- Tab. Caicium (1+0+1)
- Tab. Folic acid (5mg) (0+1+0)

MATERNAL & FETAL MONITORING

MATERNAL FOLLOW-UP:

- **Any new complaints:** query about weakness, lethargy, joint pain which were absent
- **General examination:**
 - Appearance: ill-looking
 - Anemia: mild
 - Bp: 130/100 (fluctuating)
 - Pulse
- **Obstetric examination:**
 - SFH : 28cm

FETAL FOLLOW-UP:

- **Kick count** : 10 in 12 hrs
- **FHR** : 145b/m

INVESTIGATIONS DURING FOLLOW-UP PERIOD:

Maternal monitoring:

- CBC
- LFT (SGPT, SGOT, s.bilirubin, s.albumin)
- RFT
 - s. creatinine
 - albumin creatinine ratio
 - Urine RME & C/S
- Anti ds-DNA antibody

Fetal monitoring:

- Fetal growth scan
- USG of pregnancy profile with biophysical profile
- USG of pregnancy profile with Doppler study
- CTG

Investigations during the follow-up period (maternal):

DATE	NAME OF INVESTIGATION	VALUES	RANGE
04/07/24	Hb%	10g/dl	Range – Hb: 11-13.3 gm/dl PLT: 150000- 400000/mm3
	Platelet count	30000/mm3	
07/07/24	Hb%	9.7g/dl	
	Platelet count	30000/mm3	
10/07/24	Hb%	9g/dl	
	Platelet count	27000/mm3	
04/08/24	Hb%	9.2g/dl	
	Platelet count	32000/mm3	
15/08/24	Hb%	9.2g/dl	

Follow-up investigation for fetal surveillance

At 28 weeks:

USG of PP with Doppler study revealed raised PI (Pulsatile index) in umbilical artery.

At 33 weeks:

USG of PP with Doppler study High S/D ratio in umbilical artery and Brain sparing effect

CTG - reactive

At her 34 weeks of pregnancy:

MATERNAL FOLLOW-UP:

- Patient complains: Less fetal movement
- General examination:
 - Appearance: anxious, no rashes
 - Anemia: mild
 - Bp: 150/110 (persistently rising)
 - Pulse: 94bpm
- Obstetric examination:
 - SFH: 34cm

FETAL FOLLOW-UP:

- KICK COUNT: 4 in 12 hours
- FHR: 110 b/m

USG of PP with Doppler study

- Umbilical artery EDF- Absent
- CPR < 0.5

Biophysical profile

- score: 4/8

CTG: no acceleration, reduced variability (non-reactive)

FETAL BIOPHYSICAL PROFILE

Name	MRS. NAZMA		Sex	F	Date	08.08.2024
Reg No.	86585					
Retd Ih	DMCH			Age	29	
ISG Of	BIO- PHYSICAL PROFILI-					

Thank you for the Courtesy of this kind referral.

Findings: Uterus is gravid with good cardiac activity & less fetal movements.

BPD - 86.15 cm

FL - 66.4 cm.

HC - 31.73cm

AC - 31.62 cm.

Presentation: Cephalic.

Cardiac pulsation: Present & Regular, Fetal heart rate 144 b/in.

Placental Position: Fundo anterior, away from os (Grade - II).

Amniotic fluid: Adequate AFI is about 19.0 cm

EDI According to USG: 20.10.2024

EFWt: 2100 gm (approx)

Gestational age : 34 weeks & 01 days.

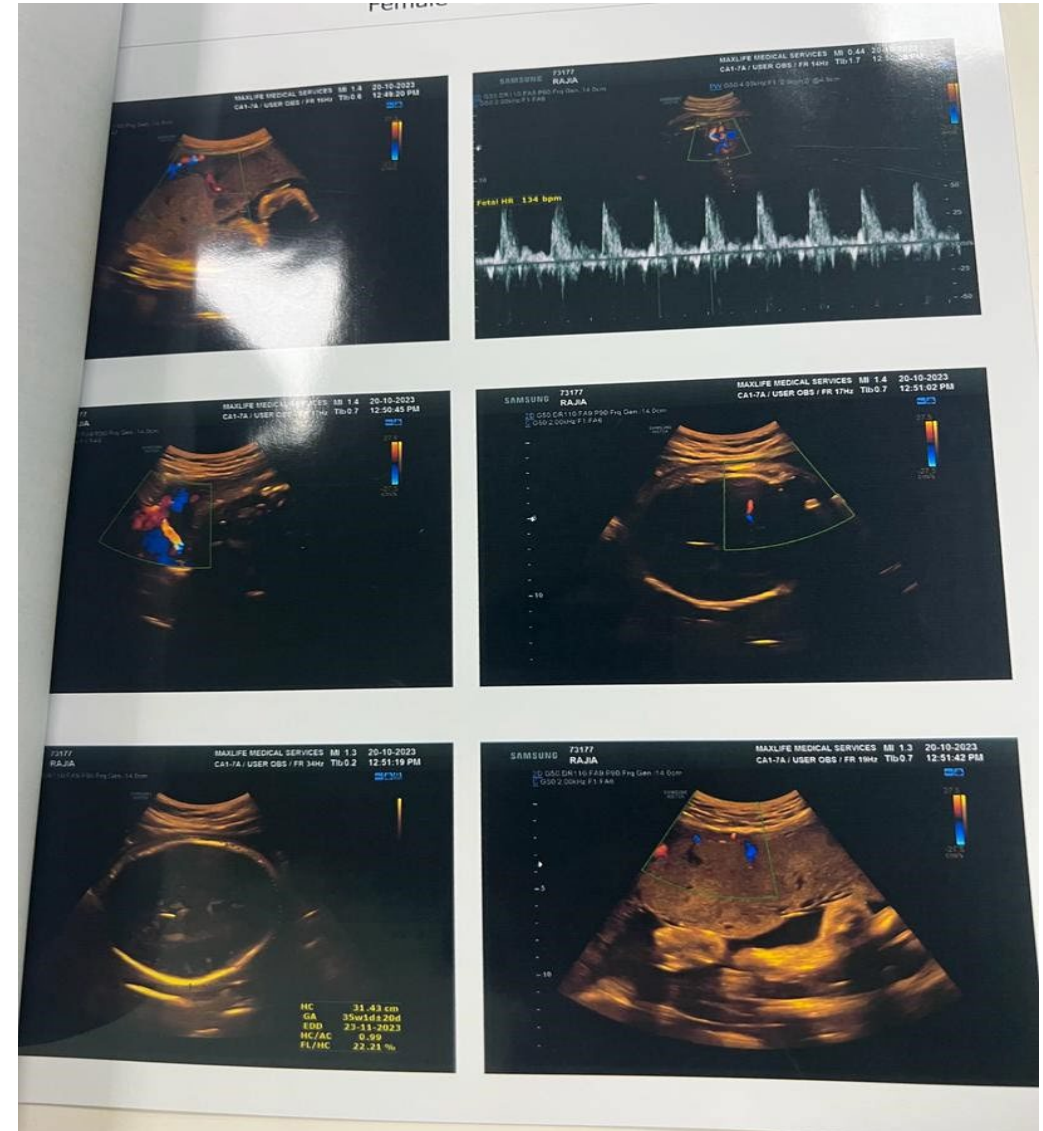
• Biophysical profile:

Parameter	Result	Reference value
Foetal breathing	2	2
Foetal Movement (Absent)	0	2
Foetal muscle tone (Absent)	0	2
Amniotic fluid-(adequa(c- pocket - 7.3 cm) single large	2	2
Total	4	8

• Biophysical profile score 4 out of 8 without CIG

COMMENTS:

1. Single live intrauterine pregnancy of about 34 weeks 01 days with cephalic presentation at present with absent fetal movements during scan lime over 30 minutes.
2. EFWT: 2100 gm (approx)
3. Placental Position: Fundo Anterior, away from os (Grade - II).
4. Amniotic fluid: Adequate. AFI is about 19.0 cm
5. Biophysical score 4 8.



Obstetric Management



Obstetric Management

At her 34 weeks of pregnancy due to **uncontrolled hypertension** and **fetal distress**,

Cesarean section was done after consultation with neonatologist & anesthetist and after ensuring ICU and NICU support, blood and blood products such as apheresic platelet , patient was also counselled for IVIG but due to cost issues, they were unable to afford.

emergency LSCS was done at 10.45 am on 28/08/24.



Obstetric Management (cont..)

Pre operative Assessment

Temp: 98.7 °F

BP: 170/110 mmHg

Pulse rate: 90 beats/min

Respiratory rate: 22 breaths/min

Spo₂ 95% at room atmosphere

Pre-operative investigations:

Date	Name of investigations	Range
20/08/24	CBC	Hb: 9.5 g/dl (Ref. range – 11-13.3 gm/dl)
		PLT: 50,000 cmm (Ref. range – 150000-400000/mm ³)
	SGPT	30 U/L (Ref. range-7-56 U/L)
	S. Creatinine	0.9 (Ref. range-0.7- 1.4 U/dl)

Obstetric Management (cont..)

Operation Note:

Date: 20-08-2024

Time: 10.45am

Name of operation :LSCS

Name of anesthesia: G/A

Per Operative Findings:

- Liquor was **deeply meconium stained**
- Bleeding: **more** than average.

Baby Note :

Sex : male

Weight : 1.8kg

A/S : 6/10,8/10



Obstetric Management

cont..

- To overcome possibility of PPH, intense AMTSL was done by uterotonic, misoprostol and for prevention of PPH tranexamic acid was given.
- 1 unit of fresh blood was transfused per-operatively and 1 unit of fresh blood given post operatively.

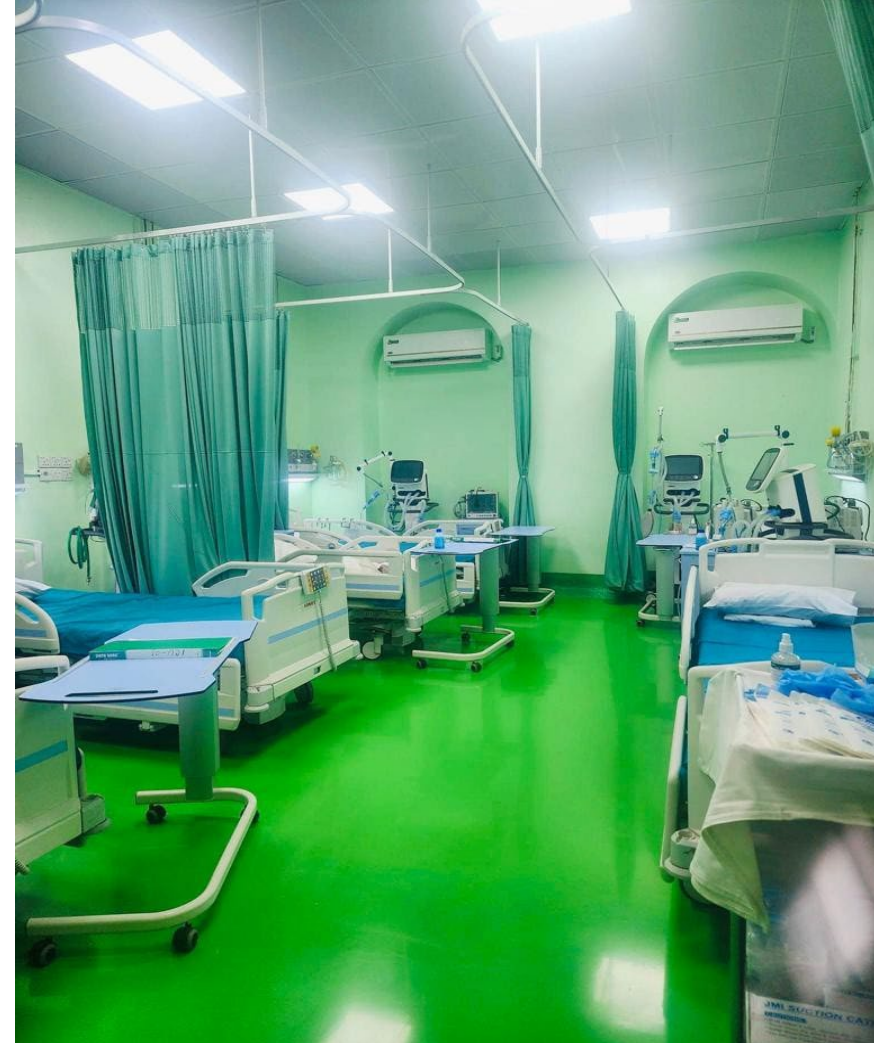
Post Operative Management

Patient was shifted to obstetric HDU for intense monitoring to identify where there was any flare up or not.

Mx:

- O2 inhalation 10L/min
- Crystalloid fluid (Inf.N/S 0.9% bolus ,2 times)
- Anti hypertensive drug.

Intense monitoring was done as per management protocol.



Post Operative Management

Immediate post operative follow up:

- Temp : 98°F
- BP : 140/100 mmHg
- Pulse : 97 beats / min
- Respiratory rate : 22 breaths/ min
- Spo2 : 94% with 5L O₂
- Urine output : 50 ml/hr

Post operative management

Investigations: On 22/08/24
(2nd post operative day)

Name	Values
RBS	6.2 mmol/L
SGPT	42 u/l
SGOT	45 u/l
D-dimer	0.56 mg/l
BT	07 sec
CT	12 sec
APTT	28 sec
PT	14 sec

POST- OPERATIVE INVESTIGATIONS

CBC	22.08.24	24.08.24	26.08.24	28.08.24	02.09.24
POD	2 nd	4 th	6 th	8 th	12 th
Hb	9.5 g/dL	10 g/dL	10.1 g/dL	10.2 g/dL	10.2g/dl
Platelet Count	40,000/ cumm	40,000/ cumm	36,000/ cumm	41,000/ Cumm	51, 000/ Cumm

Post operative management

- Since her general conditions were improving, on her 2nd POD she was shifted to general ward
- Discharged on her 12th post operative day after fulfilling the discharge criteria of post operative Patient.





TAKE HOME MESSAGE

- All pregnant mother with SLE must be evaluated at booking.
- Pregnancy with early onset PE should have work up for detection of Autoimmune disease.
- Management of pregnancy with SLE is a multidisciplinary approach.
- Early diagnosis and timely intervention has better outcome both for the mother and baby.

Acknowledgement

Department of –

- Feto-maternal medicine
- Neonatology
- Hematology
- Rheumatology
- Anaesthesia, Pain, Palliative & Intensive Care Medicine
- Transfusion Medicine
- Radiology & Imaging

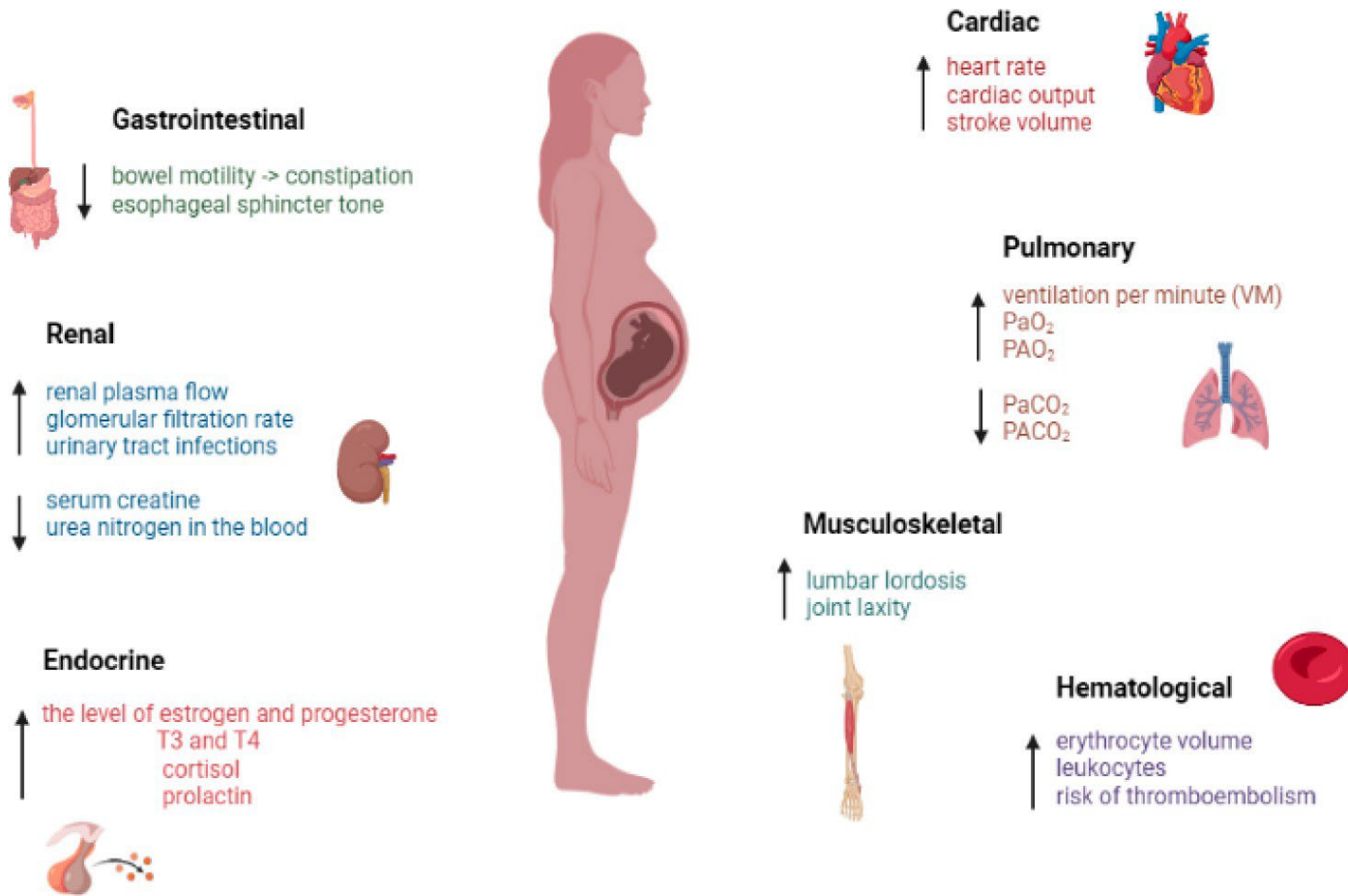


**MAT 4,
Obstetrics and
Gynecology
department
DMCH**

Thank You!



SLE IN PREGNANCY CHALLENGES



- Baseline BP higher.
- Markedly decreased Platelet count.
- Fetal growth restriction.
- Neonatal lupus syndrome due to crossing of maternal lupus antibodies (Anti-Ro-SSA or anti-La/SSB).

IMPACT OF SLE ON PREGNANCY AND DELIVERY

- Early abortion
- Lupus nephrities (30%)
- Recurrent Deep vein thrombosis.
- PIH (30%)
- APLA (25%)
- Fetal distress
- IUGR
- IUD or Still birth
- Preterm birth
- Low birth weight
- Majority Cases Maternal deaths occur in puerperium