Evan's Syndrome in Pregnancy: A Case Report

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ABSTRACT

Introduction: Evan's Syndrome is a rare autoimmune haematological disorder, defined by the coexistence of immune thrombocytopenia (ITP) and autoimmune hemolytic anaemia (AIHA), in the absence of a known underlying etiology. **Methods:** We describe a case of a 36 year old Iban female, Mdm L, G4P1+2A, who was diagnosed with Evan's Syndrome in 2010 and referred to our antenatal specialist clinic at 19 weeks gestation. She was managed by both obstetrics and medical teams throughout her pregnancy, and had her steroid therapy continued. She developed pre-eclampsia at 36 weeks and required C-section at 37 weeks, which was complicated by primary postpartum haemorrhage. Her baby was born well with a good weight, and normal hemoglobin and platelet count. **Discussion:** Evan's Syndrome in pregnancy has been reported to result in complications not only to the pregnant woman, but also to the developing fetus, due to transplacental passage of autoantibodies. ITP may provoke maternal hemorrhagic complications such as placental abruption and postpartum hemorrhage. In the fetus/newborn, severe thrombocytopenia has been reported, resulting in fetal hemorrhagic complications such as intracranial hemorrhage. The component of AIHA may pose a risk of life-threatening anaemia in patients, while causing fetal complications such as growth restriction, massive hemolysis leading to stillbirth, and severe postpartum hemolytic anaemia. Regular fetal monitoring should be performed with emphasis on predicting features of fetal anaemia (MCA peak velocity, IUGR). Treatment options during pregnancy are limited due to concerns regarding the teratogenic effects of drugs commonly used in the management of Evan's syndrome. Steroid therapy and azathioprine have proven to be effective and safe in pregnancy. Intravenous gamma immunoglobulin and splenectomy can be considered in refractory cases. **Conclusion:** We hope to raise the awareness of this very rare medical condition in pregnancy, by highlighting the possible complications that may arise and illustrate the importance of a multidisciplinary team approach in its management during pregnancy. Early and close surveillance, under a consultant led unit, is essential in maximizing the chances of a favorable outcome in both the pregnant woman and her developing fetus.

Towards Elimination of Maternal to Child Transmission (EMTCT) of HIV in Malaysia: A Retrospective Review of Pregnancy Outcomes among HIV Positive Antenatal Mothers from 2009-2014 in Kelantan

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ABSTRACT

Introduction: Elimination of HIV transmission from mother to child (EMTCT) reduces infant mortality and is a first line of defence against the spread of the epidemic. EMTCT is a global priority and a part of the MDG 5 to reduce new HIV cases by 30%. This aim is reaffirmed by Sustainable Development Goals. Achieving EMTCT status means that Malaysia is providing an equal and quality health care for all. EMTCT was defined as ≤50 infant HIV infections per 100,000 live births. **Objectives:** To illustrate the prevalence, pregnancy outcomes of HIV positive antenatal mothers and to determine the EMTCT rate. **Methodology:** A retrospective study was conducted among HIV positive antenatal mothers from 2009 until 2014 in Kelantan. **Results:** A total of 148,223 deliveries were recorded from 2009 to 2014. 181 antenatal mothers were infected with HIV. The mean age of the mothers was 28.5 ± 6.0 years. The total live birth by HIV positive mothers was 174. Two babies had HIV positive in the year of 2011 and 2012 after the completion of mandatory follow up of 18 months. Thus the vertical transmission rate was 2.7% (EMTCT rate of 4.1/100,000 live births) and 3.4% (EMTCT rate of 4.2/100,000 live births) in the year of 2011 and 2012 respectively. Majority of the patients were Malay (95.6%), (96.1%) of them were married. 3.3% were single parent. 97.8% HIV transmission were by heterosexual relationship and 2.2% were transmitted by intravenous drug users. Only 2 cases delivered without any antenatal booking in the year of 2014. 42.0% were known cases of HIV infected patients prior to pregnancy while 58.0% were the new cases diagnosed during antenatal booking. 55.7% were delivered vaginally, 43.7% delivered by Caesarean Section and 0.6% delivered by assisted breech delivery. Prevention of Maternal to Child Transmission of HIV (PMTCT) was initiated in all antenatal mothers comprising of the use of anti-retroviral therapy, Caesarean delivery for those with detectable virus load, not breastfeeding and mandatory infant HIV testing. **Conclusions:** PMCT was implemented in all HIV positive antenatal mothers. EMTCT was successful during the study period as demonstrated by very low vertical transmission rate. It indicates the high and equal quality of the maternal child healthcare services offered to HIV infected mothers.

KEY WORDS:

PMTCT, EMTCT, HIV mothers, Vertical transmission rate