A review of hematological malignancy in pregnancy

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ABSTRACT

Introduction: Hematological malignancy in pregnancy is a rare condition which leads to lack of prospective study and randomized control trial. Nevertheless, it has its own challenge to the medical field in term of managing patient with the said condition. The dilemma is to decide among the necessities of continuation of pregnancy, the choice of diagnostic tools and chemotherapeutic drugs, and the timing of initiation treatment without disregarding the women’s wish and preferences. Furthermore, delays in diagnosis and intervention will adversely affect the outcomes of pregnancy and the disease itself. Objectives: This article will review the management and outcomes of 6 cases of hematological malignancy in pregnancy in one centre (3 Hodgkin lymphoma, 1 chronic myeloid leukemia, 1 hairy cell leukemia, and 1 myeloproliferative neoplasms). Methods: Clinical notes reviewed. Results: The outcomes of the pregnancy in this article were five successful live births with one case of early neonatal death due to prematurity with a history of second-trimester loss. The treatment was initiated during the second trimester to reduce the risk of chemotherapy to the fetus. Even though a few cases had fetal growth compromise but the fetal outcomes seem to be good with early interventions and multidisciplinary approached. Conclusions: The outcomes and prognosis of hematological malignancy in pregnant women are comparable with non-pregnant women if treatment is not delayed. Nevertheless, more study is required to be conducted through prospective study and randomized control trial (RCT) for this group of patients focusing on treatment and management for better understanding. Presently, most of the research involved animal studies.

OHVIRA (obstructed hemivagina and ipsilateral renal anomaly) syndrome – A rare anomaly with an unusual presentation: A case report

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ABSTRACT

Introduction: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA), or Herlyn-Werner-Wunderlich syndrome, is a rare Müllerian duct anomaly. Patients usually present post-menarche with pelvic pain and/or abdominal mass and rarely, as acute urinary retention. Strong suspicion, awareness and knowledge of this anomaly are essential for a precise diagnosis and a proper management. Case Description: A 14-year-old girl presented to the Emergency Department with a complaint of difficulty passing urine for one day. A diagnosis of acute urinary retention (AUR) secondary to urinary tract infection was made and she was discharged home with a course of antibiotic. She came again two days later with persistent symptom and clinical examination revealed a palpable mass up to her umbilicus. Abdominal ultrasound showed a uterine didelphys, with haematometra on one side which was continuous with a pelvic mass measuring 9.3 x 5.04 cm (ground glass appearance), resembling a haematocolpos. Incidentally, there was no left kidney visualized, which raised the suspicion of OHVIRA. An examination under anaesthesia, resection of vaginal septum and drainage of haematocolpos was later performed, which was uncomplicated. 100 ml of thick chocolate fluid (stale blood) was drained out from the left hemivagina and the vaginal septum was resected. Discussion: An unusual presentation of AUR, with normal menstruation has masked the diagnosis of OHVIRA, and hence the slight delay in the management of this case. Awareness of this condition is thus important, to avoid misdiagnosis and hence mismanagement of this condition.

Keywords: OHVIRA syndrome; Müllerian duct anomaly, acute urinary retention