

Paroxysmal nocturnal hemoglobinuria – A management dilemma in pregnancy: A case report

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ABSTRACT

Introduction: Paroxysmal Nocturnal Hemoglobinuria (PNH) is a rare acquired clonal haematopoietic disorder characterized by haemolysis, bone marrow failure and thrombosis. There are limited information regarding PNH and pregnancy in literature resulting in management dilemma. **Case Description:** A 29-year-old, diagnosed with PNH following a mesenteric artery thrombosis which was complicated with bowel gangrene and pancytopenia. Presented at 10 weeks gestation with a granulocytes zone of 96%. The couple decided to continue pregnancy after counselling. Anticoagulant was initiated. Pregnancy went well until 28 weeks gestation where she required admission for suspected acute cholecystitis which responded to antibiotic therapy. She again presented at 30 weeks gestation with mild antepartum haemorrhage and atypical chest pain. Pulmonary embolism was confirmed by CTPA. Intrauterine death was diagnosed during admission. Labour was initiated and delivery was uncomplicated. **Discussion:** Recurrent thrombosis remains the main concern. The use of anticoagulant may not suffice to prevent thrombotic complications, however, use of eculizumab may have potential to prevent PNH-associated complications.

A-110

A 13-year retrospective data analysis of infertile males with non-obstructive azoospermia – A pilot project to determine prognostic factors for successful surgical sperm retrieval with testicular sperm extraction

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ABSTRACT

Introduction: Testicular sperm extraction (TESE) is the standard surgical method for sperm retrieval in non-obstructive azoospermia (NOA) patients in Malaysia. **Objective:** The Primary objective of this study is to determine significant prognostic factors for successful sperm retrieval with TESE in infertile males diagnosed with Non-Obstructive Azoospermia (NOA). **Method:** This is a clinical retrospective study conducted through chart reviews of 91 males with azoospermia who underwent TESE between January 2006 and December 2019 at the Reproductive Medicine Unit, Hospital Tunku Azizah, Kuala Lumpur, Malaysia. Clinical, hormonal, and histopathological data was collected. **Results:** Out of the total 91 cases, 44 cases qualified for analysis. Of all the possible prognostic factors were analysed using descriptive and logistic regression (patient's age, occupation, smoking, body mass index, testicular volume, follicle stimulating hormone, luteinizing hormone, testosterone, karyotyping, Y-chromosome microdeletion, Johnson scoring, testicular histopathological patterns). There was a significant independent correlation between the Johnson scoring with successful sperm retrieval ($p=0.017$, crude odds ratio 1.67; 95% confidence interval, 1.1-2.54). The cut-off point analysed using the area under the receiver operating characteristic (ROC) plot for successful sperm retrieval was 6.5 with 72.7% sensitivity and specificity 78.6%. **Conclusion:** Our study did not provide significant prognostic factors that can determine successful sperm retrieval for infertility males with NOA prior to an attempt of TESE. However, when no sperms were retrieved on the 1st attempt of TESE, Johnson scoring is beneficial for clinicians and patients as a prognostic factor for decision regards to a repeat procedure.