

Idiopathic thrombocytopenic purpura: The impact on the pregnancy and delivery: A case report

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ABSTRACT

Introduction: ITP in pregnancy is rare, with the incidence estimated at 0.1-1 in 1,000 pregnancies. Most times, diagnosis is already established before pregnancy. Patients are usually asymptomatic even when the platelet count is < 20. **Case Description:** A 26-year-old primigravida with chronic ITP since 12 years old, with multiple episodes of relapses requiring pulsed steroid and high doses of oral steroid pre-conceptually, booked at 12 weeks gestation, asymptomatic with platelet count of 46 on oral Prednisolone 10 mg OD. She was admitted at 33 weeks with platelet count of 19 but remained asymptomatic. Pulse steroid followed by 40 mg oral Prednisolone were given and she was discharged with platelet count of 33. At 36 weeks gestation her platelet count dropped to 24, but there was no bleeding tendency. Pulse steroid was given, and her platelet rose to 81. Induction of labour was done at 37 weeks gestation in view of fluctuating platelet count and term gestation. She eventually had an emergency caesarean section for fetal distress. The caesarean section was complicated by uterine atony and various oxytocic, a B-Lynch suture and bilateral internal iliac ligation were needed to contract the uterus and control the bleeding. She was discharged well on day 14 with a platelet count of 140. **Discussion:** ITP has significant impact on pregnancy, labour and delivery as well as on the newborn hence multidisciplinary approach by an experienced team may improve the outcomes.

The efficacy of intra vagina culture (IVC) system in in-vitro fertilization (IVF): The INVOcell device versus conventional IVF as treatment option for infertility couples: The INVOcIVF study

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ABSTRACT

Introduction: Intravaginal culture (IVC) was proposed to reduce the overall burden of setting up the modern embryological laboratory in a low-resource setting. The IVC technique uses a "small vaginal tube" created as a gas permeable culture device called INVOcell. This device is used to culture the oocytes and sperm following the extraction. It is inserted into the vaginal cavity, acting as a "natural incubator" aiming for fertilization and supporting the subsequent embryo development. The purpose of this study is to compare the efficacy of IVC to conventional IVF incubators in a laboratory setting. The primary endpoint examined was a good quality blastocyst. Secondary endpoints included fertilization rate for oocytes and blastulation rate between IVC and conventional IVF. **Methods:** In this prospective study, 23 women aged <41 years old, and BMI <29 kg/m², were included for both IVC and conventional IVF. Controlled ovarian stimulation was administered with Urofollitropin and human menopausal gonadotrophin (HMG) in a fixed GnRH antagonist cycle. **Results:** IVC produced greater blastulation rate than conventional IVF (p<.05). There was no significant difference in fertilization rate for oocytes in IVC and conventional IVF, as well as good quality embryo in IVC and conventional IVF (both with p>.05). **Conclusions:** IVC was shown to be superior to conventional IVF in creating blastocyst. However, both IVC and conventional IVF produced similar fertilization rate and good quality embryo. IVC using vagina as a "natural incubator" do help in reducing the need for high technology embryological laboratory to implement IVF in a low resource centre.