



Auto Immune Polyglandular Syndrome –Successful Pregnancy If Managed Under Vigilance

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ABSTRACT

25 year old primi gravida with 4 months amenorrhea, a known case of hypothyroidism adrenal insufficiency and type 1 DM [polyglandular autoimmune syndrome type2], was managed multidisciplinary team approach. She was on insulin, eltroxin, wysolone, fludrocortisone, ecospirin and nifedipine. And the outcome was a spontaneous preterm labour at 35weeks 3days with a live baby. Autoimmune adrenal insufficiency accours at a rate of 2-3 per 1 lakh in a isolated manner or as a part of this syndrome. Historically , addisons disease was associated with a high rate of maternal mortality but today with adequate steroid replacement, pregnancy is associated with a minimal risk.

KEYWORDS :

CASE REPORT:

MRS.VIGILA 25YRS OLD MARRIED 2 YEARS SPONTANEOUS CONCEPTION PRIMI

GRAVIDA WITH EDC 6/7/2014 .Hypothyroid on eltroxin 75 micrograms since 17 yrs in june 2010 IN June she gave h/o loss of appetite and weight ~10 kg in 4 months .she also had nausea,vomiting,insomnia,lethargy,easy fatigability,hyperpigmentation of skin.

PARAMETERS	TESTVALUE	REFERENCE VALUE
Sr.ACTH	708	(7.2-63.3)
Sr.PTH	105	(14-72)
Sr.cortisol	1.65	(4.3-22.3)

A diagnosis of adrenal insufficiency was made.started on oral prednisolone and fludrocortisone.Patient improved with steroids,hyperpigmentation reduced.

1 year later patient had irregular menstrual cycles.USG:Right simple cyst ovary otherwise normal.she was given T.Meprate 10mg bd*5days. Periods regularized after2 suchcourses.

On march 2013, at age of 23 years patient had another episode of vomiting & fatigue.She was found to have high blood sugars.RBS-413. FBS-233. PPBS-447.HbA1C-10.2.AntiGAD65 Ab=4.6iu/ml.Started on inj.H.Insulin 30/70[10-0-8]

Patient was diagnosed to have POLYGLANDULAR AUTOIMMUNE SYNDROME TYPE2.HYPOTHYROIDISM,ADRENAL INDUFFICIENCY,TYPE 1DM

Admitted as soon as pregnancy detected for glycemic control, was stabilized on inj.H.Regular insulin28-28-10. Continued on Eltroxin, wysolone, fludrocortisone. Ecospirin 75mg was started after confirming viability.

Multidisciplinary team approach & end organ evaluation done. Weekly serum electrolytes, serial blood sugar monitoring and insulin dose adjustment done.

Later admitted in v/o gestational hypertension at 35 weeks;started on T.Nicardia 10mg tds.profile normal. 24hr urine protein<12mg/dl. At35w3d, she went in spontaneous preterm labour-delivered a preterm livemale baby of weight 2.29kg on 4/6/2014.

DISCUSSION

At present there are very few published case reports of APS in pregnancy. Incidence of adult polyglandular autoimmune syndrome type 2 is 1-2/20,000 per year in the general population. Theae syndromes should be kept in mind when dealing with pregnant patients presenting with hyperemesis and electrolyte imbalance who do not improve with the usual treatment and endocrine dysfunction such as the polyglandular syndrome may exist and it is important to remember the potential for adesonian crisis,hypotension and circulatory collapse.

Addison's disease usually produces infertility due to chronic anovulation, but patients who are properly treated with hormonal substitution therapy can still be fertile and have a successful obstetric outcome.

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