ORIGINAL RESEARCH PAPER
Volume - 9 | Issue - 11 | November - 2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A CASE OF RECURRENT MISCARRIAGES WITH ANAEMIA

General Medicine

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ABSTRACT

APLAS/ APS is an auto antibody mediated acquired thrombophilia with recurrent arterial / venous thrombosis and pregnancy morbidity . It primarily affects females . 5 cases per 1,00,000 population Diagnosis of APLAS should be considered in cases of thrombosis, CVA in individuals less than 55yrs of age . We report a case of a 21 yr old female who had history of jaundice (on and off episodes) excessive menstrual bleeding with past history of 3 miscarriages. She was screened and evaluated for Autoimmune diseases and found to have ANTIPHOSPHOLIPID ANTIBODY SYNDROME . She was kept on anticoagulants and aspirin . And patient was doing well on follow up. Any miscarriages/ anaemia in young females needs active investigation so that appropriate treatment can be started to halt the disease process.

KEYWORDS

BACKGROUND

APLAS/ APS is an auto antibody mediated acquired thrombophilia with recurrent arterial / venous thrombosis and pregnancy morbidity .It primarily affects females . 5 cases per 1,00,000 population

Diagnosis of APLAS should be considered in cases of thrombosis, CVA in individuals less than 55yrs of age .

The diagnosis of APLAS include clinical and laboratory criteria.

The presence of at-least one clinical and one laboratory criterion is compatible with diagnosis.

Anti cardiolipin antibodies, Lupus anticoagulant and Anti B2 GP1 antibodies can be positive among APLAS positive individuals. (LAB CRITERIA) Two occasions 12 weeks apart

Vascular thrombosis or Pregnancy morbidity (CLINICAL CRITERIA)

CASE REPORT

A 21 year old female by name Supriya , resident of Guntur district presented to OPD with history of Menorrhagia , one month back which lasted for a duration of 6 days associated with yellowish discolouration of eyes and urine . She was admitted at a nursing home and treated for 5 days. History of 1 unit of packed cell transfusion was done in view of anaemia (haemoglobin 3.8gm%)

(2017) She had history of yellowish discolouration of eyes and urine 3 years back for which she was admitted at a local hospital and treated for 1 week. Later the jaundice subsided.

(2018- JUNE) She got married one year later ,conceived 2 months after the marriage. At the end of 4th month of pregnancy she had excess bleeding per vagina for which she consulted a gynaecologist when she came to know that her pregnancy was aborted. She Used medications for control of bleeding per vagina and expulsion of remaining fetal products

Few months later she conceived again. At the end of 7th month , she had loss of amniotic fluid for which she went to a gynaecologist. They said that she had a dead fetus and advised to use medications to prevent infections to mother .

(2019- October) Few days after this miscarriage, she had history of jaundice associated with fever for which she was investigated to have dengue fever . Got admitted in nursing home and treated for 1 week .

(2020)Few months later , she conceived for the third time. Again she had miscarriage at the 3 rd month of gestational period . Few days later patient had the present complaints of jaundice with bleeding per vagina for 6 days .

On examination She had pallor , icterus and mild splenomegaly.

Laboratory investigations :-

CBC

HEMOGLOBIN 7gm%
TRBC 2.3
TWBC 8000 Polymorphs 65% Lymphocytes 30% Monocytes 3% eosinophils 2%
ESR 20
PLATELET COUNT 2,80,000
PCV 21%

Peripheral smear shows :-

RBCs Microcytic hypochromia with ovalocytes , tear drop cells , polychromatophils and target cells

WBCs normal
Platelets adequate
Impression Microcytic hypo-chromic anaemia , advised haemolytic workup.

Coombs direct test **POSITIVE**
Coombs indirect test **NEGATIVE**

Serum Beta 2 glycoprotein 1 antibodies 62 units/ mL
ANTICARDIOLIPIN IgM ANTIBODIES 26 (positive)
ANTICARDIOLIPIN IgG ANTIBODIES 64 (positive)
LUPUS ANTICOAGULANT SCREEN 68 seconds
CONTROL 31 seconds

LAC SCREEN/CONTROL RATIO 2

Serum HAPTOGLOBIN levels 32.5 mg/ dl
Serum VITAMIN b 12 166 pg/ml

Serum folate 2.84 ng/ml
Serum LH 1.72 mIU/ml
FSH 3.84 mIU/ml
PROLACTIN 10.74 ng/ml

THYROID PROFILE –
T3 1.27ng/ml
T4 10.24 ug/ dl
TSH 1.80uIU/ ml

LIVER FUNCTION TESTS
Serum BILIRUBIN 3.9 mg/dl
Indirect 2.8 mg/dl
Direct 1.1 mg/dl
SGOT 26 IU/l
SGPT 33 IU/l
ALBUMIN 4.1mg/dl
GLOBULIN 2.5mg/dl
ALP 81 IU/L

Serum LDH 552 U/L
ANA LEVELS 1.24
ANA PROFILE – NEGATIVE

ULTRASOUND SHOWS :-
SPLENOMEGALY
RIGHT FOLLICULAR OVARIAN CYST NOTED .

DISCUSSION :
Patient was advised follow up to OPD regularly . Entire investigation profile was repeated again.

Patient was diagnosed to have ANTIPHOSPHOLIPID ANTIBODY SYNDROME (APLAS)

CAPS (catastrophic aplas) is a life threatening rapidly progressive thromboembolic disease involving simultaneously 3 or more organs .

One third of the patients with SLE or other autoimmune diseases posses these antibodies with only 5-10% developing APLAS .

Clinical manifestations represents the consequences of arterial or venous thrombosis.

Pregnancy morbidity manifests with increased risk of recurrent miscarriages, IUGR, preeclampsia, eclampsia and preterm birth .

Major causes of these complications are due to INFARCTIONS OF THE PLACENTA.

Treatment options include aspirin 80mg , Low molecular weight heparin , warfarin , rivaroxaban , fondaparinux and IV immunoglobulins .

CONCLUSION
Young females with history of recurrent abortions and history of jaundice associated with anaemia needs to be evaluated for Autoimmune diseases and screened for APLAS to prevent further abortions.

ACKNOWLEDGEMENTS: NIL
CONFLICTS OF INTEREST: NIL

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