

**Introduction:** Lymphoplasmacytic lymphoma (LPL) is a **rare** indolent type of incurable B-cell malignancy.

**Incidence:** 3-7 million/year with a male predominance, usually presenting at >60yrs

**Objective:** Aim is to outline best practices for managing antenatal women post LPL chemotherapy and to ensure optimal maternal and fetal health outcomes .

**May 2022**

**BMB:**Trilineage hematopoiesis, megaloblasts, plasma cells, positive IHC for glycophorin, CD138 and CD20

**PET CT:**Stage 4 lymphoma with Supra and infra diaphragmatic LN groups with involvement of spleen and probable involvement of liver and Bone marrow

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**March 2023**

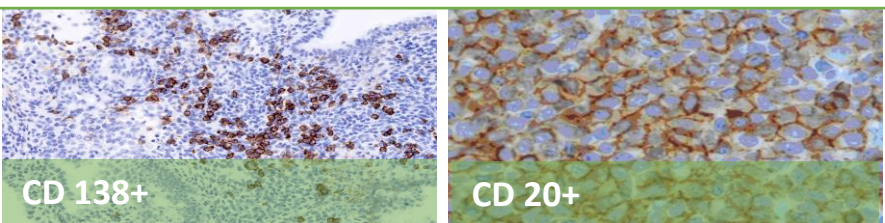
**BMB:**Erythroid hyperplasia, megaloblastoid changes, adequate megakaryocytes, CD138 +ve plasma cells.

**PET CT:**Systemic Involvement with partial resolution in Lymph Node(LN) but persistent and new activity in spleen and skeletal system features of Progressive Disease



**Case:**A 28 years old,G4A3,GA of 36wks+5d, known case of LPL stage 4c, post chemotherapy, severe Tricuspid Regurgitation(TR) and pulmonary hypertension(PHTN), Anti Cytoplasmic Antibodies 3+,had come for safe confinement of pregnancy.

- The patient,married for 4 years, had multiple challenges, including spontaneous abortions (2020, 2023) and a medically induced abortion in 2022 during chemotherapy.
- In Jan 2024, she conceived again. She experienced thrombocytopenia,DCT +,hypergammaglobulinemia, and severe TR, PHTN on ECHO requiring multidisciplinary care.
- At 36+5 weeks, she was admitted and induced at 37 weeks due to FGR and oligohydramnios.
- Platelets were transfused, and labor was closely monitored .
- Delivery was expedited by prophylactic vacuum extraction, resulting in a live,term,boy baby(1.97 kg).
- Atonic postpartum hemorrhage was managed with a SR cannula, cryoprecipitate, and FFP transfusion.
- Postpartum evaluation showed stabilization without further bleeding, platelet recovery to 1.15 lakhs.



**Discussion:** This case highlights managing a high-risk pregnancy,post LPL with maternal thrombocytopenia heart disease and atonic PPH. Prompt intervention with a SR cannula and blood products stabilized the patient after PPH. Careful planning and monitoring ensured maternal recovery and fetal well-being.

**Conclusion:** Personalized care and multidisciplinary coordination are essential in high-risk obstetrics.

- Advances in imaging, pharmacotherapy and supportive care improve outcomes, though challenges remain. Low-dose chemotherapy may be viable in later trimesters in active disease.
- Counseling, support groups and mental health services ensure holistic care.

Investigations	15/10/24	17/10/24	18/10/24	19/10/24
Hb (g%)	13	13.6	13.5	13.1
TC(cells/mm3)	5800	7600	10500	11500
Platelet(lakhs/mm3)	0.98	0.82	0.86	1.15
PT/INR	17.5/1.5		19.2/1.68	22.1/2.06
aPTT	36		39	37.3

**Peripheral Smear-**Normocytic Normochromic RBCs,Normal in count.WBC normal in count and distribution and morphology,MPC-1lakh/mm3 ,DCT-Negative

**REFERENCES:** 1.Williams Haematology 2.Williams Obstetrics,3. Aikaterini-Gavriela Giannakaki, Maria-Nektaria Giannakaki, Efthymios Oikonomou, Konstantinos Nikolettos, Bothou A, Kotanidou S, et al. Leukemia in pregnancy: Diagnosis and therapeutic approach (Review). Molecular and Clinical Oncology. 2024 Aug 21;21(5).4. Cubillo A, Morales S, Goñi E, Matute F, Muñoz JL, Pérez-Díaz D, et al. Multidisciplinary consensus on cancer management during pregnancy. Clinical and Translational Oncology. 2020 Nov 16; **CONFLICT OF INTEREST-NONE**

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