



ANTICOAGULATION IN PREGNANCY – A CHALLENGING DILEMMA

INTRODUCTION

PREGNANCY IS A HYPERCOAGULABLE STATE . DURING PREGNANCY, THE RISK OF VTE IS INCREASED FIVE TO TENFOLD COMPARED TO NON-PREGNANT WOMEN. THE USE OF ANTICOAGULANT IN PREGNANCY INCREASES THE RISK OF HEMORRHAGE AND OTHER ADVERSE EFFECTS ON THE MOTHER AND THE FETUS.

CASE STUDY

A Case of 32 YR G3P1L1A1/PREV NVD/LCB 10 YRS/ 10 wks /came with left lower limb swelling and was diagnosed as Left lower limb DVT and was started on INJ Heparin later switched over to T.acitrom (APLA negative)

Now , came around 18 wks with USG showing f/s/o hydrops fetalis/IUD .On admission PT 32 , INR 2.7

T.acitrom stopped ,inj vit K given for 3 days

PT- 16.7 INR -1.27

expelled a dead born boy fetus of wt 300 grams

On PAD 1 ,patient started on inj HEPARIN 5000u IV QID and T.ACITROM 4mg OD

PT – 21 INR 1.84

Later patient switched to T.Acitrom 4 mg OD

PT-17.5 INR 1.44 ,hence T.Acitrom 5mg OD Given and discharged with PT 33.3 INR 2.79

CONCLUSION

Obstetric-associated VTE is an important cause of maternal morbidity and mortality .

Treatment with anticoagulants during pregnancy must therefore be carefully considered with judicious selection of the agent and with reflection on the physiological changes of pregnancy to ensure appropriate dosing

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