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Title: APLASTIC ANAEMIA IN PREGNANCY : A rare and challenging clinical scenario

INTRODUCTION: Aplastic anaemia is a rare immune mediated hematopoietic disorder characterized by hypocellular bone marrow and life-threatening pancytopenia. Pregnancy increases the risk of aplastic anaemia relapse making it more challenging for obstetricians as they have limited treatment options in pregnancy like blood transfusion and immune suppressive therapy, jeopardizing both maternal and fetal outcome.

OBJECTIVES:
To emphasize the importance of multidisciplinary approach in improving prognosis for both mother and the fetus in women with aplastic anemia

CASE REPORT - A 26 year old Primigravida, at 28 weeks of gestation who was a known case of aplastic anemia under haematologist care referred for specialised antenatal management. She was on immune suppressive therapy prior to pregnancy and was in remission when the UPT is positive. Until 30 weeks of gestational age she was on supportive care. At 30 weeks of gestational age, there was a relapse of pancytopenia with platelet count around 12000 and her haemoglobin around 5 gm% and total leucocyte count is 2000. She was started on Cyclosporine and total of 3 units of PRBC were transfused during the course of pregnancy. Her haemoglobin improved and maintained above 7 g/dL, platelet count was above 40,000/cumm, and Total leucocyte above 3,000/cumm. All other investigations, growth scan along with doppler were found to be normal.

Induction was planned at 40 weeks but the patient went into spontaneous labour at 39+3 weeks. LSCS was done due to non-progression of labour and meconium - stained liquor under GA. Intraoperatively, patient developed atonic PPH which was managed medically. On POD-0, patient had raised BP recordings and was started on antihypertensive. Postpartum period was uneventful. Patient was followed up with Haematologist postnatally. Neonatal outcome was uneventful.

DISCUSSION A comprehensive understanding about indication and adverse effects of immunosuppressive therapy in aplastic anemia in pregnancy is essential for all young obstetricians and hematologist to achieve better outcome. Caserean section should be performed based on obstetric indications rather than solely due to presence of aplastic anemia

CONCLUSION: Aplastic anaemia in pregnancy requires close monitoring and timely Interventions with multidisciplinary approach to achieve better outcomes in both mother and fetus .

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