

SAÚDE DA MULHER

Caso Clínico

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19 years old Patient Gestation2 child-birth1 miscarriageO

SCD HbSS diagnosed since childhood.

Several hospitalizations due to painful crises.

Irregular medical consults at Hemominas.

First pregnancy: premature delivery, weight 2.030g. Acute chest syndrome + frequent painful crises. Basal hemoglobin 8g/dl.

10/25 (25/outubro)

Patient complaint: severe pain in legs and arms.

Gestational age (GA): 12 weeks

Hb 7,95 HT 23,56 LT 7283 PLT 262800 LDH 1272 CREAT 0,5 CC130

BT 1,7 I 1,2 D 0,5 PCR NEG RET 6,6 FA 160 GGT 86 TGO 54 TGP 31

Treatment:

Dipyrrone + Tramadol + Paracetamol + intravenous hydration → cessation of pain.

10/29 (29/outubro)

Patient complaint: Worsening of pain.

Switched TRAMADOL for MORPHINE 4 mg 4/4 hour with good results.

Hb 7,35 HT 22,11 LT 8819 PTL 211900 LDH1359 CREAT 0,7 BT 1,2 B10,5 BD0,7 RET
5% FA191 GGT 82 TGO 56 TGP 43

10/31

Pain Relief and periods of no pain at all.

Hb 7,09 HT 22,70 LT 6600 PTL 20900 LDH1359 CREAT 0,7 BT 1,0 B10,6 BD0,4 TGO 35
TGP 32

Held treatment: analgesis and intravenous hydration.

11/01 (1º/novembro)

Worsening of painful crises.

Higher dosis of morfin → 12mg 4/4 → pain relief.

PCR 93

11/03 (03/novembro)

Patient complaint: cough, mainly at night. Pain relief but lasting.

Diagnosed with sinusitis.

Treatment:

Amoxicillin + clavulanate

Analgesics

Hydration

Hb 6,40 HT 19,65 LT 18130 PTL 180500

PCR 93

11/04 (04/novembro)

patient did not report pain.

11/05

patient did not report pain. Wants to go home.

Lower dosis of analgesics after 48 hours with absence of pain.

Hb 5,37 HT 16,99 LT 10750 PTL 157300 LDH 1391 Bt 3,3 BI 2,0 BD 1,3 TGO 32 TGP 33

Blood transfusion 300ml.

11/06

Patient with no complaints.

Hb 6,61 HT 20,74 LT 10270 PTL 171600 creat0,6 BT3,5 BD 1,5 BI2,0
PCR 73,3 TGO 47 TGP39

New blood transfusion oriented by Hematology . Goal: hemoglobin > 8.

Decreasing analgesics doses.

11/08 (08/novembro)

5th day of antibiotics.

Patient with no complaints.

Hb 8,02 HT 24,08 LT – PLT - LDH 1113 CREAT 0,6 **BT 6,2 (BD)** TGO 46 TGP30

Held antibiotics and decreased analgesics doses.

11/09

Painful crises associated with tachycardia.

20mg of morfin for pain relief.

CF 139 bpm

Hb 7,51 HT 21,64 LT10060 platelets- LDH1635 CREAT 0,8 BT 9,0 (BD) TGO 60 TGP32

PCR120

Treatment:

Intravenous hydration + morfin 20mg 4/4h → pain relief.

11/10 (10/novembro)

Worsening of painful crises.

Higher doses of morfina → +10 mg → 30mg 4/4hours

Admitted to the ICU for better pain relief and control of tachycardia and tachypnea

Lucid, sleepy, cooperative, dehydrated, ruddy, icteric, good capillary perfusion

Temperature 37,1°C

RS normal breath sounds

CS normal heart sounds and regular rhythm. CF 139 bpm AP 124/79 mmHg

Hb6,73 HT20,33 LT29740 (rods 39%) RET 0,3 PTL 131500 PCR 153

TGO94 TGP29 FA404 GGT261 BT16,6(D9,1) LDH2275

Prothrombin activity 67%

Red cell transfusion 300ml.

11/11 (11/novembro)

Worsening of gases parameters.

INTUBATION.

Hb;5,52 HT;16,20 LT43400 (BASTOES 34%) RET * PLT 129000 PCR 146,6

TGO94 TGP29 FA404 GAMA GT261 BT16,6(D9,1) LDH2275 creatinina 2,7

ATIVIDADE DE PROTROMBINA 67%

Red cell transfusion 300ml.

1rst day of IMIPENEM

Erythrovirus? Material was collected and forwarded to Hemominas.

Pallor, icteric, acyanotic, hydrated.

RF 24 IRPM SAT 99% IOT

Abdomen slightly distended , normotensive, painful to palpation diffusely, presence of regular bowel sounds.

Acute cholecystites?

Abdominal ultrasonography: hepatomegaly without changes in bile ducts. Gallbladder wall slightly thickened.

11/12 e 11/13 (12 e 13/novembro)

Hb;6,71 HT;20,1 LT43300 (rods 13%) RET * PLATELETS 136000 PCR 143,7

TGO93 TGP70 FA493 GAMA GT115 BT27,7(D18,3) LDH*

Prothrombin activity 48%

11/13

Creat 0,6

Red cell transfusion 300ml.

11/14

Pallor, icteric, acyanotic, SpO2 97%

Distended abdomen especially inferiorly, diffusely painful to palpation, hepatomegaly 6 cm below the right costal margin.

DH - acute cholecystitis without lithiasis

Conduct - laparotomy (reason: thickened gallbladder, increased direct bilirubin, unfocused infection without evidence of stones on ultrasound)

Surgical description:

Large amount of ascetic fluid identified in the abdominal cavity. Gallbladder with thin walls and primary biliary tract little dilated. Liver Quite congested and increased in volume. Cholecystectomy and drainage of biliary tract was performed.

Immediate postoperative period: miscarriage. Expelled the fetus and placenta at the moment she was admitted at ICU. Curettage performed.

Hb;6,6 HT;19,0 LT36000 (RODS 5%) RET * PLATELETS 90000 PCR 114

TGO13 TGP46 FA477 GAMA GT144 BT28,7(D19,0) LDH* (pre operative)

Hb;698 HT;21,60, LT31700 (RODS 0%) RET * PLATELETS 92500(immediate postoperative)

Exames	11/15	11/16	11/19	11/21	11/24	11/26	11/05
HB	6,77	7,68	7,43	6,68	6,10	7,63	9,46
HT	20	23,4	21,58	19,50	18,25	22,9	
LT	35040(8%)	24800(8%)	25720(8%)	23020	18940	15660	8380
PLATELETS	109700	87500	192200	205400	196300	134700	232800
PCR	55,9	*	18,3	27,9	9,3		46
BT/BD/BI	22,8/15,7/7,2	10,6/6,1/4,5	5,6/3,9/1,7	3,7/2,7/1,0	3,3/2,5/0,8		
TGO	135	41	88	64	36		
TGP	47	119	63	85	125		
FA	138	563	502	424	398		
GAMA GT	211	279	241	201	290		
Prothrombin activity 48%		70%					
Transfusion					sim		sim

11/15 (15/novembro)

Clinical support and treatment of infections.

Result of gallbladder pathological examination: mild chronic cholecystitis.

total transfusions: 12 bags

Antibiotics used during hospitalization:

- clavulin e azitromycin 10/25-11/10
- imipenem 11/10-11/23
- teicoplanina 11/16-11/26 (acinetobacter catheter tip)
- Polymyxin + metronidazole 11/23-12/05
- Fluconazole 11/30-12/05

2013 → Bilateral salpingotripsy