SAÚDE DA MULHER

Caso Clínico

Felipe César Marciano de Oliveira

JQC, SS, 29 years old:

- 11 weeks pregnant (G1 B0 A0), married, diagnosed with sickle cell anemia (SS), sought Hemominas Foundation reporting amenorrhea since January/2010 and complaining of malaise and fatigue on exertion.

- Diagnosis of 7 weeks pregnancy in recent hospitalization, she presented with symptoms of fatigue, upper respiratory tract infection (cold) and a decrease in hemoglobin (Hb: 5,4 g/dL). Received 600 ml of RBC.

- Basal Data: Hb:7,5g/dL; WBC: 15000/mm^3; Ret: 16%.
  Haplotype: CAR / CAR

- Prior cholecystectomy surgery in June 1994.

- Physical examination: Pale+++, jaundiced ++, afebrile, no visceromegalies.

- CBC: Hb 4,8g/dL; Hct 15,6%; Ret 15,6%;
  WBC 17.300/mm^3 (s:50% l:38% m:3% e:4% b:1% Lat:4%);
  Platelets 424.000/mm^3

- Received 600 ml of packed RBC filtered and phenotyped on an outpatient basis and referred to the Prenatal High Risk (HR) department of Hospital das Clínicas in 04/30.

- Sought Prenatal (HR) in 05/03 complaining of severe back pain, headache and joint pain, afebrile and marked pallor. Referred to hospital emergency.

- CBC: Hb 4,5 g/dL; Hct 12,3%; MCV 102,5; Ret 3,5%;
  WBC 23.900/mm^3 (B 17% Mielo 1%)
  Platelets 346.000/mm^3

- Other: direct Coombs negative; urea 70; creatinine 0,9; amylase 78; lipase 154; TB 5,3; IB 4,2; TGO 181; TGP 64; Alk. Phos. 84; Gamma GT 104; CRP 41; Normal vitamin B12; negative urine culture and blood cultures.

- U.S. Abdomen: nonspecific and discreet hepatomegaly and spleen of small size.

- Immunohaematology: A +, indirect Coombs positive (Antibody Screening)
  RBC Panel: Anti C, Anti JK^b e Anti S;
  *Unable to exclude Anti Kell and another Ac IgM with specificity not determined

- CBC: (05/05): Hb 3,5 g/dL Hct 10,4% MCV 102,5 fL
  WBC 17.300/mm^3 Ret 6,5% Platelets 352.000/mm^3

- 05/07: MOLECULAR BIOLOGY (PCR) POSITIVE FOR ERYTHROVIRUS

- Received 1.500 ml of concentrated erythrocytes, phenotyped and filtered, during hospitalization.

- Discharged on 05/24 (Hg 6.0 g / dL).

- Remained in hematologic and obstettric outpatient monitoring. Using Folic acid 5 mg/day. However, maintaining hemoglobin drop:

  Hb 4,9 g/dL; Hct 15,1%; WBC 18.400/mm^3; Ret 16%; MCV 114,8 fL; Platelets 359.000/mm^3, needing transfusion (when symptomatic).

- In 06/01, new monospecific direct Coombs was done with positive C3d.

- In 06/02: corticosteroid therapy initiated, maintained without transfusions and her hemoglobin stabilized: Hb 6,3; Hct 20,1%; WBC 30.900/mm3; MCV 125 fL.

- In 06/14, She was referred to hospital after obstetric U.S. detected retained abortion. She underwent uterine curettage.

- In 06/20 presented coughing, tachypnea, chest pain and diffuse joint pain crises.

- Rx: Thorax consolidations in the R and L lung bases, with air bronchograms and small pleural effusion.

- Received ceftriaxone, clarithromycin 10 days, analgesia (including morphine) and oxygen using a nasal catheter and blood transfusion.

- Negative blood cultures.

- Gradual clinical improvement and discharging on 07/02.

- Kept up with the multidisciplinary team of Aninha Project, psychological support.

- After discharge, had mild pain crisis and sinusitis treated on an outpatient basis.

- Received medical guidance about future risks of pregnancy and pregnancy contraindicated.

- Prescribed contraceptive and Hydroxyurea (after completion of the protocol, was awaiting SES approval).

- Corticosteroids was suspended slowly and gradually, keeping Hb 7.5 g / dL.