

SAÚDE DA MULHER

Caso Clínico

Santa Casa Montes Claros

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Projeto Aninha

Cuidando da Gestante
com Doença Falciforme

CEHMOB-MG

Santa Casa de Montes Claros

CASE REPORT

- A 24 years pregnant women, Hb SS, Pregnancies₁ Births₀ Abortions₀
- High risk pregnancy followed with prenatal high risk obstetrics at the Hospital *Irmandade Nossa Senhora das Mercês de Montes Claros – MG*
- Forwarded by the Bloodcenter (*Hemocentro*)
- Steady in relation to sickle cell disease: without multiple transfusions and without painful crisis
- Basal hemoglobin: 7,5 g/dl.
- In use of folic acid 5 mg / day: prescription of the assistant hematologist.

- Biweekly pre-natal monitoring and ultrasonography.
- 7/10/13 - Obstetric Doppler U.S.: probable fetal weight of 1009g (P3-10% - IUGR), uterine artery Doppler: bilateral notches and centralization blood flow.
- 10/10/13US – Doppler: moderate oligohydramnios (AFI 5.9), fetal umbilical flow changed (indices above P95%), fetal cerebral flow changes (indexes in P5%).
- 11/10/13 - Fetal distress; 2 doses betamethasone; interruption of pregnancy: cesarean section: neonatal infants transferred to the ICU.
- **Patient asked the obstetrician assistant the realization of intrapartum salpingotripsy. Unrealized because lacked the criteria of current legislation.**

- 1° POD: chest pain, dyspnea and desaturation: supplementary O₂, micronebulization with Berotec® and antibiotics (ceftriaxone D7), and anticoagulant (Clexane®) in intermediate dose.
- 6° POD: complaint mild pain in the right lower limb: U.S. Doppler of lower limbs: no signs of deep venous thrombosis. However superficial venous system (saphenous veins external and internal) presented itself filled with hypoechoic material and not distal blood flow was observed.
- Clinical presentation + high risk of thrombosis: AngioTC considered, (but not recommended for hematology). Thus, started anticoagulation with Clexane® and later with Marevan ®

- Hospital discharge: good general condition. Without complications.
- Throughout the prenatal and postpartum period didn't present significant bleeding or hemodynamic instability. Only required blood transfusion of 300 ml (with leukocyte-depleted cells) in the first day postpartum.

CONCLUSION

- Pregnancy in patients with sickle cell disease Hb SS is related to a significant increase in maternal and fetal morbimortality.
- Pregnancy in patients with sickle cell disease is not formally contraindicated and appropriate care reduces the risk of complications → these women need to have full access to information and family planning pre and post conceptional

DISCUSSION