Abstract

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Awereness saves life!

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Backgrounds

Pregnancy and postpartum are high-risk periods for different forms of thromobotic microangiopathy (TMA); management remains ill defined.

Case description

woman 38yo, 37 weeks pregnant, entered ED with abdominal pain, visual impairment, headache, recent onset of hypertension. Laboratoristic tests showed acute kidney injury, low platelets and anemia, increased LDH, AST/ALT, bilirubina. Obstetrical US showed no vital signs of the fetus, so emergency caesarean section was performed. Brain MRI confirmed PRES syndrome. ADAMTS13 activity assay was in range (47.5%, n.v. > 5-10%), ruling out trombothic thrombocytopenic purpura. After caesarean section, clinical and laboratoristic parameters gradually normalized, including renal function (within a week). For this reason, since no other specific therapy was necessary (other than cesarean section and antihypertensive drugs), we made a diagnosis of preeclampsia, excluding atypic Huremic-haemolitic syndrome (aHUS). aHUS is notoriously associated to a poor prognosis, especially regarding severe renal function impairment up to end-stage-renal disease (about 30% cases, 5 years after AKI onset) if untreated with specific therapy (eculizumab).

Conclusions

Potential risks and serious complications in different forms of TMA, even more during pregnancy, require deep awareness of each of them, since only specific and tailored therapy can change natural history and save life of mother and child.

References

1. Fackhouri F et al Management of thrombotic microangiopathy in pregnancy and postpartum: report from an international working group. Blood 5 November 2020, vol 136, number 19.