A RARE CASE REPORT OF AUTOIMMUNE HEMOLYTIC ANEMIA IN PREGNANCY

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INTRODUCTION
Autoimmune haemolytic anaemia (AIHA) has rarely been reported in pregnancy.[1] AIHA is characterized by the development of antibodies directed against one’s own red cell antigens. When such an autoantibody belongs to the IgG class, the condition is potentially dangerous to both the mother and the fetus, since IgG crosses the placenta readily. We report a case of a pregnant woman who presented to us with anemia and was diagnosed with AIHA.

CASE
A 35 year woman presented with generalized weakness with loss of appetite for 1 month, with pallor, no hepatospleenomegaly. On investigating, she was found to have severe anemia with Hb-4.9g%, platelet count of 1 lakh, WBC – 3000, reticulocyte count -2.8%, microcytic hypochromic anemia with tear drop cells, elliptocytes, polychromatophils, pancytopenia. On further evaluation serum LDH-3796, total bilirubin – 2, direct bilirubin – 0.5, direct coomb’s test was positive, warm autoantibody Ig G was positive with normal renal function tests and was diagnosed as autoimmune hemolytic anemia, was given blood transfusion to treat severe anemia and was put on oral steroid therapy. After 3 months, she conceived spontaneously and was on regular antenatal check up, oral iron therapy. She had a preterm delivery at 36 weeks period of gestation of 2kg baby with mild anemia and hyperbilirubinemia within 48 hrs due to maternal warm Ig G auto antibodies and was managed conservatively. Post nataally mother...
was on tapering dose of steroids, and stopped after 6 weeks. She is being followed up for 1 year and is found to have good maternal and fetal outcome.

**DISCUSSION**

Review of 19 reported instances of presumed autoimmune haemolysis during pregnancy revealed life-threatening anaemia in nearly 50% of mothers, with four still-births, one neonatal death, and three seriously affected infants. In our case, she was diagnosed to have AIHA in prepregnancy period and was managed with moderate dose of oral steroids for which she had responded well. As anemia was corrected with accurate diagnosis, she had not yet developed complications of cardiac, neurological or liver origin and hence she did not require blood transfusion during antenatal or Intrapartum period and is stable even after one year of delivery. Chaplin et al.\(^3\) reported that AIHA in pregnancy provoked life-threatening anaemia in 40-50% of the mothers, and stillbirths or severe post-partum haemolytic anaemia in 35-408 of their infants. However, Sokol et al.\(^4\) reported from a series of 20 patients that AIHA in pregnancy was usually mild and did not require active treatment. Moreover, the risks to the infant were less than what was previously thought, provided that the mother was treated promptly.

**CONCLUSION**

Women presenting with anemia should be evaluated thoroughly, as the treatment of the cause can improve maternal and fetal outcome. Multi disciplinary approach with the help of obstetrician, physician and hematologist can help in appropriate management of even rare disorders.

**REFERENCE**