

Toxic Epidermal Necrolysis in the First Trimester of Pregnancy

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ABSTRACT

Objective: Toxic epidermal necrolysis is a rare condition, occurring in approximately 1 in a million cases per year and usually reported in association with the use of medications such as allopurinol, anti-retroviral, anti-epileptics or viral infections. The incidence is even less common in pregnancy, especially in the first trimester. Toxic epidermal necrolysis (TEN) and Stevens-Johnson Syndrome (SJS) are life-threatening manifestations of a single disease entity. Although mortality is reportedly lower than non-pregnant cohorts, significant maternal and fetal morbidity is not uncommon and should be taken into consideration when counselling on disease prognosis. We illustrate our experience managing such a patient in early pregnancy. **Case Report:** A 29-year-old multiparous lady of ethnic Malay descent, six weeks into her pregnancy presented with a three-day history of fever, generalized maculopapular rashes, mouth ulcers and bilateral conjunctivitis. She was initially treated as measles but her condition deteriorated over the course of the next few days with eruptions of bullous lesions affecting about 50% of total body surface area (TBSA) and a SCORTEN 2. There was also vaginal spotting and Nikolsky sign was positive. We described in detail, challenging aspects of her management accompanied by classical images which aided the diagnosis. **Conclusion:** Changes in T-cell mediated immunity in pregnancy may alter the clinical picture and the developing fetus, especially at an early gestation, presents an additional conundrum. To the authors' knowledge, there were no other documented cases in a patient of Asian ancestry at such an early gestation. Drug-induced SJS and TEN were reportedly two to three fold higher amongst certain Asian Han Chinese compared to Caucasians, due to the association with HLA-B*15:02. A small multi-ethnic study in Malaysia has previously found similarly high inheritance of this human leukocyte antigen in the Malay population when compared to race matched, healthy controls. Management comprised mainly of supportive care but the use of corticosteroids, intravenous immunoglobulin, ciclosporin and anti-tumour necrosis factor (TNF) have been documented. TEN/SJS may result in miscarriage, preterm labour and fetal growth restriction. Long term gynaecological sequelae such as vaginal adenosis, stenosis, infertility and even endometriosis have been described. Serial fetal growth scans are imperative and mode of delivery should be discussed if vaginal stenosis is present.

A Retrospective Analysis of the Impact of O&G Specialist Delivered Service in Sarawak Largest District

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ABSTRACT

Objective: Kapit is the largest division of Sarawak which occupies one third total area of Sarawak (38,934 sq. km) and surrounded by dense primary forest and mountainous region. Kapit Hospital is the only category B district hospital that provides health care service for whole of Kapit population. The main objective of this retrospective study is to demonstrate the impact of O&G specialist on O&G service in Kapit Hospital. **Method:** A retrospective data collection was performed to study workload of O&G service in Kapit Hospital from 2008 to 2016. Source of data collection was retrieved from discipline manual registry from O&G ward and operation theatre. These were then counter checked with the electronic registry Sistem Maklumat Rekod Pesakit (Patient Record Information System). Annual statistics of total hospital admission to O&G ward, total obstetrics delivery, total case referral to nearest hospital with O&G specialist and total O&G procedures were analyzed. This information was subdivided into two groups namely year of study with and without presence of in-house O&G specialist in Kapit Hospital for comparison. **Results:** Total of 13,035 cases were admitted to O&G discipline during study period 2008 – 2016 (annual mean 1,448.3, SD 189.91). Total O&G case referrals were 735 (annual mean 81.7, SD 33.76). There were accumulated 7,864 obstetrics deliveries, in which 798 cases were delivered via caesarean section (caesarean rate 10%). Surgical procedures under O&G discipline was 1,489 cases, which was 832 and 657 cases for obstetrics and gynaecology respectively. The commonest obstetrics surgery performed in Kapit was caesarean section (annual mean 88.7, SD 53.56), and open permanent sterilization (annual mean 41.1, SD 15.05) for gynaecological procedure. There were 46 cases of ruptured ectopic presented to Kapit hospital between 9 years that required emergency exploratory laparotomy for damage control. On comparison between years with O&G specialist service and years with medical officers only service, there were significant increase inpatient O&G case referral during absence of in-house specialist (p=0.015), more caesarean deliveries (p=0.019), more obstetrics procedures (p=0.04) and more gynaecological procedures (p=0.038) in both elective and emergency situations. Indication for O&G cases referral (as outpatient or inpatient) during year 2016 with O&G specialist placement in Kapit in 2016 mainly due to specialist not physically available in Kapit (48.8%), followed by lack of O&G subspecialty service (15.9%), absence of other multidisciplinary such as anaesthetist or surgeon (14.6%), inadequate O&G service such as minimal invasive procedure instrument (12.2%) and patient's preference (8.5%). All O&G cases referred as inpatient required escort by medical staffs. **Conclusion:** O&G specialist service carries an utmost important duty in this remote hospital with unresolved issue related to time limited transportation for transfer. Presence of O&G specialist service in Kapit Hospital confers significant impact to the workload in O&G discipline.