

# A Case Report: Fatal Outcome of Cerebral Venous Sinus Thrombosis with Cerebral Haemorrhage in Early Pregnancy

**Kavitha Muraj Rajamany, Nurezwana Elias, Noor Azmi Mat Adenan**

Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia

## ABSTRACT

**Introduction:** Cerebral venous thrombosis with cerebral haemorrhage is relatively rare yet can result to fatal outcome. Antithrombin III deficiency is one of the inheritable coagulable states that contribute to an increase in thromboembolic event during pregnancy. **Objective:** To evaluate the risk of pregnancy-associated venous thromboembolism in women with antithrombin III deficiency. **Case Report:** This is a case of 34 years old, pseudo-primigravida at 9 weeks of gestation, with underlying antithrombin III deficiency and currently on treatment dose of low molecular weight heparin, presented with sudden episode of frontal headache associated with projectile vomiting side. A plain CT and MRA/MRV brain showed features suggestive of CVST involving superior sagittal sinus with venous infarct and right frontal and left parietal intraparenchymal haemorrhage. Subsequently, patient had fitting episodes and loss of consciousness and further assessment noted unequal pupils. A repeated CT brain showed worsening intraparenchyma haemorrhages with midline shift, subfalcine herniation and cerebral oedema. Therefore, an emergency bifrontal craniectomy was performed to relieve the intracranial pressure. Despite the operation and supportive measures, patient succumbed to death due to rising intracranial pressure. **Conclusion:** Due to highly thrombophilic state of pregnancy with concomitant antithrombin III deficiency, administration of antithrombin III concentrate, in addition to anticoagulation, should be considered during pregnancy and puerperium to women with documented antithrombin deficiency.

# Pregnancy following Manchester Repair – A Case Report

**Ng PY, Tan C, Wong YS, Noraihan MN**

Urogynaecology Unit, O&G Dept, Hospital Kuala Lumpur

## ABSTRACT

**Introduction:** Pelvic organ prolapse among young fertile patient is increasing. Management of these patients remained a challenge to medical personnel. Fertility is an important issue. Conservative management using ring pessary is advocated. However, when ring fails; surgery conserving the uterus i.e. sacrohysteropexy and Manchester repair are recommended. Manchester repair is associated with preterm labour. **Case Presentation:** This is a case report of a 29-year-old lady who sustained pelvic organ prolapse following motor vehicle accident. She was treated with ring pessary. She conceived her 1st pregnancy in 2015 and delivered via Caesarean section at 31 weeks period of amenorrhoea. She underwent Manchester repair and Pelvic Floor Repair on 25th Mac 2016. She conceived in May 2016. She delivered at 31 weeks via Caesarean Section for preterm labour. Her baby weighed 1.3 kg and discharged well. **Conclusion:** Manchester repair does not affect fertility. As expected, patient had pre-term delivery. In young women with pelvic organ prolapse who wants fertility, Manchester repair is an option.