

A Tale of Two Eventration

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ABSTRACT

Introduction: Diaphragmatic eventration is a rare condition with abnormal elevation of one or both domes of the diaphragm. Often asymptomatic, a handful may present with an array of symptoms, more pronounced during pregnancy. Though rare, we diagnosed 2 such cases in pregnancy seen in our institution 21 months apart. **Case Presentation:** Case 1: In July 2016, a 35-year-old lady, G3P1+1 at 17 weeks gestation with underlying bronchial asthma, presented with 2 days of upper respiratory symptoms. She was unable to saturate well and needed 3 days of NIV support in ICU. Her chest x-ray showed elevated left hemidiaphragm and her CT Thorax confirmed the diagnosis of left diaphragmatic eventration. She was discharged well after 8 days of admission. She was conservatively managed till term and delivered a healthy baby via elective caesarean section. **Case 2:** A 28-year-old primigravida at 32 weeks, presented in March 2018 with sudden onset of shortness of breath and laboured breathing. Chest examination revealed decreased breath sounds coupled with gurgling of bowel sounds heard in the inframammary, infraaxillary and infra scapular areas bilaterally. Chest X-ray showed elevation of both domes of the diaphragm, with bowel contents moved upward into the thoracic cavity, with visible sharp contours of the bilateral domes of the diaphragm. CT examination confirmed the diagnosis of bilateral eventration. She required NIV support in ICU for 8 days. **Discussion and Conclusion:** Diaphragmatic eventration often goes undiagnosed and it should be considered as one of the differential diagnosis in patients presenting with respiratory difficulties after ruling out more common conditions.

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Venofer (Iron Sucrose) versus Cosmofer (Low Molecular Weight Iron Dextran) for the treatment of Maternal Iron Deficiency Anemia (IDA): Evaluation on Maternal and Perinatal Outcomes and Costs

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ABSTRACT

Objective: To compare the efficacy, advantages, side effects and clinical outcome between Venofer and Cosmofer treatment for pregnant women with IDA. **Method:** 40 pregnant women with IDA between 24-38 weeks were randomised equally into two groups. The subjects received dosages of intravenous infusion (IVI) of either Venofer or Cosmofer based on Gansoni formula. Full blood count was measured two weeks post treatment and before their delivery. The study was conducted at Hospital Seberang Jaya, Penang from 5th May 2017 until 4th May 2018. The statistical analysis was performed using SPSS (version 16). **Result:** A mean total of 835 ±150 mg doses of Venofer and 850 ±150 mg doses of Cosmofer were administered. Five minor adverse events was reported in patients receiving Cosmofer and none in Venofer treated patient (p=0.008). The mean haemoglobin (Hb) increment two weeks post treatment was higher among the Venofer group, which was 1.91±0.23 gm/dL from 8.43 ±1.026 gm/dL pre treatment Hb to 10.34 ±0.796 gm/dL among the Venofer group compared to 1.40±0.00 gm/dL from 8.61 ±0.701 gm/dL to 10.01 ±0.711 gm/dL among the Cosmofer group (p=0.088). All subjects from both groups delivered at term. One patient from the Venofer group had post-partum haemorrhage (PPH) but did not require any blood transfusion. Meanwhile, three patients had PPH in the Cosmofer group with one requiring blood transfusion. Otherwise, there was no significant difference in Hb level during delivery admission and the perinatal outcomes for both groups. The Venofer group required longer hospital stay (7±2 days) than the Cosmofer group (5±2 days) (p =0.006). However, the mean cost of hospitalization and medicine was significantly higher in the Cosmofer group (RM147.84 ±22.98) than the Venofer group (RM123.15 ±22.48), (p=0.001). **Conclusion:** Intravenous Venofer is safe and not associated with adverse events, less maternal morbidity and cost saving compared to total dose infusion Cosmofer in pregnant women with iron deficiency anemia. However, larger sample size is needed to give more significant results.