

Ameobic Colitis in Pregnancy

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ABSTRACT

The incidence of Amoebic colitis in pregnancy is rare. Due to its rarity not many literature described this disease in pregnancy. We believe, we are describing the first case of Amoebic colitis in pregnancy in Malaysia. A 27 years-old Malay housewife G3P1+1 at 38 weeks of gestation with one previous caesarean delivery initially presented with acute onset of multiple episodes of watery diarrhoea and abdominal pain for 3 days duration. She denied eating outside food and all her family members were well. She was treated as acute gastroenteritis with intravenous fluid rehydration and empirical antibiotic. She was afebrile and her electrolytes and haematological parameters were within the normal range. Her condition improved after three days and was discharged home. Stool culture result was negative for pathogens. She delivered a healthy baby three days later in district hospital and was discharged the next day. However, she was hospitalized again after 2 weeks postpartum with worsening abdominal pain and persistent watery diarrhoea associated with high grade fever. She was diagnosed with enteric fever in sepsis and intravenous broad spectrum antibiotic was commenced. Her condition deteriorated rapidly and required ventilatory support. Exploratory laparotomy for suspected bowel perforation was performed on the same day. Intraoperative findings showed extensive gangrenous proctocolitis. She underwent a life-saving pancolectomy with ileostomy. Histopathological examination revealed Amoebic colitis. She developed multiple complications postoperatively due to ongoing sepsis. Diagnosing colitis in term pregnancy is challenging. Abdominal pain can easily be mistaken for labour pain and bout of diarrhoea can be due to acute gastroenteritis. Delayed diagnosis often result in severe morbidity or even mortality. Multidisciplinary team approach and intensive monitoring with timely intervention saved the patient's life.

KEY WORDS:

Colitis, Ameoba, pregnancy

Evaluation of Placental Syncytial Knots in a Mother with Gardnerella Vaginalis

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ABSTRACT

Objective: This is a pilot study on human placenta to evaluate the number of syncytial knots in GV infected placenta. **Methods:** This is a prospective study performed from August 2017 until October 2017. A total of 28 placentas, consisting of 11 GV positive and 17 GV negative, were assessed. The slides were stained by hematoxylin and eosin. The ratio of syncytial knots against chorionic villi were determined by assessing 5 areas, comprised of centre and 4 corners at high power magnification (40x), using Olympus microscope BX41. Ratio of the syncytial knots and chorionic villi was obtained. **Results:** Our study showed an increase in syncytial knot formation in GV infected placenta (10/11, 90.9%) while for the control group, 7 samples out of 17 placentas without GV infection showed an increase in syncytial knot formation (7/17, 41.2%). This is statistically significant (p value = 0.0161). **Conclusion:** Our preliminary data shows GV infection is associated with increased syncytial knot formation. We are currently performing a larger study to reinforce the reliability of the data.