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Congenital diaphragmatic hernia: A case series

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ABSTRACT

Introduction: Congenital diaphragmatic hernia (CDH) is a birth defect characterised by an abnormal opening in the diaphragm causing protrusion of the abdominal content into the thoracic cavity preventing normal lung development. Although its incidence is only 1 in 2,000 to 1 in 4,000 live births, it carries significant morbidity and mortality to the neonates. **Objective:** To review the prenatal diagnosis, management, obstetrics complications and outcome of 4 cases of CDH presented to our centre. **Method:** 4 cases of CDH presented between March to April 2021 were reviewed with regards to presenting features, prenatal sonographic findings, management, and subsequent neonatal outcomes. **Result:** All four cases of CDH were diagnosed within 21 to 32 weeks of gestation. Three cases were referred for CDH and one case was initially referred for LGA and polyhydramnios. All cases shared similar sonographic findings of polyhydramnios, mediastinal displacement, and the presence of abdominal content in the thoracic cavity. Three of them were delivered by emergency Caesarean section whereas one was delivered electively by Caesarean section. Two babies survived well and underwent corrective surgery while the remaining two succumbed within the first day of life. **Conclusion:** Antenatal sonography is well-established for diagnosing CDH and could help in prognostication of neonatal outcome. The management of CDH is a multidisciplinary one involving the obstetrician, neonatologist paediatric surgeon and specialist nurses. Careful planning of delivery and resource management will favour better outcomes for patients.

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Extremely rare primary central nervous system lymphoma in pregnancy

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ABSTRACT

Introduction: Primary Central Nervous System Lymphoma (PCNSL) is extremely rare with an incidence of 0.8 per 100,000 women and is highly aggressive. **Case Description:** A 32-year-old lady presented with blurring of vision in November 2020 and on ophthalmology assessment revealed bilateral vitritis with no abnormalities seen on MRI of brain. Patient conceived subsequently in February 2021 and had multiple presentations to hospital for nausea and vomiting. At 18-week gestation, she presented with drowsiness and unable to walk, however she was not keen for further interventions. At 25-week gestation, she presented with generalised tonic-clonic seizure with worsening neurological symptoms and Glasgow Coma Scale of 11/15. MRI brain revealed a large mass over the right frontal lobe and right cerebellar hemisphere. She was given intravenous Rituximab, dexamethasone and underwent decompression craniotomy and tumour resection. Histopathological report showed diffuse large B-cell lymphoma, a subtype of PCNSL. After a multidisciplinary discussion, she underwent emergency hysterotomy at 27-week gestation and delivered a baby boy weighed 1.0 kg. She is scheduled to have chemotherapy later. **Discussion:** The presentation of PCNSL can be masked by normal pregnancy symptoms. Vitritis, one of the manifestations of primary vitreoretinal lymphoma can occur in patients with PCNSL. MRI is frequently used as a staging modality for lymphoma during pregnancy. Ophthalmologic and cerebro-spinal fluid evaluation are recommended to assess the extent of disease. Due to the aggressive nature of this disease, it is imperative to reach a prompt diagnosis and embark on appropriate treatment to ensure optimal outcome for both the woman and the fetus.