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Maternal mortality due to postpartum cardiogenic shock, the infant reveals his late mother's systemic lupus erythematosus carditis

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ABSTRACT

Introduction: We report a maternal mortality case of a woman with no known medical illnesses who passed away on day 23 postpartum due to cardiogenic shock. **Case Description:** The patient was a 33-year-old, Para 4, on day 23 post spontaneous vaginal delivery, brought to Emergency Department with a presyncope attack at home. The antenatal period and delivery were uneventful, and she was well at discharge. She became unwell since day 11 postpartum, where she developed generalized rashes and was diagnosed to have measles. She continued to have malaise, lethargy, and feeling unwell until the day she developed a pre-syncopal attack. She arrived at the ED in cardiogenic shock, with a bedside echocardiogram revealing poor left ventricular contractility with ejection fraction < 30% and global hypokinesia. Chest radiograph revealed features suggestive of cardiogenic pulmonary oedema. She eventually developed ventricular tachycardia. Cardioversion was not successful and cardiopulmonary resuscitation was commenced when she went into asystole. Unfortunately, there was no return of spontaneous circulation and demise was confirmed. Family members did not consent for postmortem. The baby developed rashes on day 24 of life, and investigations revealed neonatal lupus. **Discussion:** Systemic lupus erythematosus is one of the commonest autoimmune diseases with a higher risk of flare during antenatal and postnatal periods. Neonatal lupus is not true lupus. The neonatal lupus is always from the mother; thus, the child revealed the cause of death of his late mother.

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Obstructive hemivagina and ipsilateral renal agenesis

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ABSTRACT

Introduction: OHVIRA syndrome is a rare Mullerian anomaly with triad of uterine didelphys, obstructive hemivagina and absent ipsilateral kidney presenting with different symptoms and ages. We report an unusual presentation of the syndrome and discuss variation of its clinical symptoms and management. **Case Description:** A 14-year-old girl, presented with difficulty in emptying bladder intermittently for over a year along with urinary hesitancy, unassociated with menstruation. There was no other significant history, and general physical and abdominal examinations were unremarkable. Vulva appeared normal. Digital examination revealed a soft bulge on right side in vagina. CT abdomen and pelvis showed bicornuate uterus with hematocolpos, vaginal septum and absent right kidney. MRI pelvis and abdomen showed two separate uterine horns representing uterine didelphys, right sided hematometrocolpos and absent right kidney confirming OHVIRA. Resection of vaginal septum with cystoscopy and vaginoscopy was performed. A twenty-four-gauge Foley's catheter tamponade was inserted into the vagina and vagina was packed with gel gauze. Recovery was uneventful. 6 months later, she came to clinic with urinary hesitancy but regular cycles. Ultrasound was normal with nil post residual volume hence patient was reassured. One year follow-up in clinic was unremarkable and she had regular cycles. **Discussion:** OHVIRA has a variety of clinical presentations thus can be missed easily. Recurrent urinary symptoms in a young adolescent female should elicit a high suspicion of OHVIRA. MRI is the gold standard investigation. Surgical correction at its earliest should be performed to relieve the symptoms and prevent long term complications.