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Breast cancer survivor and a successful IVF pregnancy

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ABSTRACT

Introduction: The most common cancers in Malaysia are breast cancer, followed by colorectal cancer, lung cancer and nasopharyngeal cancer. Young survivors likely face compromised fertility that is now recognized as among the most prevalent long-term side effects of cancer therapy. **Case Description:** Mdm KM has been diagnosed with right breast invasive carcinoma at the age of 30. She underwent six cycles of neoadjuvant chemotherapy, a right mastectomy and axillary dissection and 15 fractions of right chest wall radiotherapy. She stopped Tamoxifen after 2 years and attempted her first cycle of IVF after 5 years of diagnosis. Her AMH was 3.4 pmol/L. A recombinant FSH (follitropin alfa) 150 IU and highly purified menotrophin 150 IU were instituted for controlled ovarian stimulation. There were 6 eggs retrieved, 4 eggs fertilized. She had two fresh day 3 embryo transferred, and successfully conceive a DCDA twins' pregnancy. **Discussion:** Breast cancer survivors are generally advised to postpone pregnancy for at least 2 years after treatment and may be advised to continue tamoxifen for 5 years. However, age is a major determinant of fertility and delay with already poor ovarian function owing to chemotherapy is likely to lead to infertility. Young breast cancer patients with favorable disease characteristics and prognosis, should not be discouraged from attempting ART in order to become pregnant after the end of anticancer treatment.

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Antenatal corticosteroids in preventing neonatal respiratory morbidity for elective caesarean section

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ABSTRACT

Introduction: Infants born via elective caesarean section at term are at higher risk of developing neonatal respiratory morbidity compared to those born vaginally. Previous studies suggest administration of corticosteroids to accelerate lung maturation to reduce this incidence. However, it was unclear whether this should be given to all women undergoing elective caesarean section regardless of their gestation or only women at certain gestation will benefits from corticosteroids administration. The objective of this retrospective study was to compare the effect of prophylactic corticosteroid administration in preventing neonatal respiratory morbidity at 37- and 38-weeks' gestation in Malaysian women undergoing elective caesarean section. **Methods:** Data was obtained from obstetrics ward census between August 2021 till May 2022. All women with singleton pregnancy who underwent elective caesarean section between 37 to 38+6 weeks were included. Gestation at delivery, co-morbidity, administration of corticosteroids and the fetal outcome were analysed. **Results:** Total of 54 cases which fulfilled the criteria were analysed. There was no significant difference in neonatal respiratory morbidity for both groups (37-37+6weeks, and 38-38+6 weeks) whether the mother received or did not received corticosteroids. Among 29 cases who did not received corticosteroids, 10% were admitted for NICU. In comparison to group between 37-37+6, there was a similar number of cases requiring admission for neonatal respiratory morbidity between those received and did not received corticosteroids. **Conclusions:** Our data suggest that corticosteroids may benefit women undergoing elective caesarean section between 37-37+6 weeks, but less beneficial between 38-38+6 weeks gestation.