

Role of parental iron sucrose in pregnant women with non-transfusion-dependent thalassaemia and concurrent iron deficiency anaemia: A case series

Nur Syuhaina AB¹, Nurulnajwa J¹, Soelar SA², Chee Peng H³, Sarah S¹, Mohd Khairul A¹, Ridzuan A¹, Maheeran R¹

¹Department of Obstetrics and Gynaecology, Kepala Batas Hospital, Penang, Malaysia, ²Clinical Research Centre, Sultanah Bahiyah Hospital, Kedah, Malaysia, ³Department of Medicine, Kepala Batas Hospital, Penang, Malaysia

ABSTRACT

Introduction: Maternal iron deficiency anaemia (IDA), is defined as serum haemoglobin <110 g/L in the first trimester or <105 g/L in the second and third trimesters. IDA has been associated with adverse maternal and perinatal outcomes. Concurrent non-transfusion-dependent thalassaemia and maternal IDA are not uncommon in our population. Both oral and parenteral iron replacement therapies are available with variable efficacies, side effects, and tolerability to patients. We report five cases of pregnant women with non-transfusion-dependent thalassaemia with concurrent IDA from our centre, who received parenteral iron sucrose (Venofer) and their outcomes. **Case Description:** Their median age was 34 (9.5) years, a median haemoglobin (Hb) count of 81 (3) g/L and serum ferritin of 9 (12.5) µg/dL. Three of them were diagnosed with alpha-thalassaemia traits, one with beta-thalassaemia trait and another one with HbE trait. A median dosage of 880 (1.3) mg of Venofer was administered. None has experienced adverse events from the replacement therapy. Venofer treatment had successfully improved their Hb from baseline to at 96 (14.8) g/L after a two week period and before delivery at 102 (11.6) g/L (p<0.01). The serum Hb was maintained after delivery with 98 (4.8) g/L as compared to baseline (p<0.001). None of the patients had a postpartum haemorrhage. None required blood transfusions. All mothers and their neonates were discharged well. **Discussion:** Parenteral Venofer is safe and effective in treating pregnant women with non-transfusion-dependent thalassaemia with concurrent IDA. It increases the haemoglobin level rapidly and replenishes iron stores effectively. It is readily available in our centre and administered by trained healthcare professionals.

Complete hydatidiform molar pregnancy mimicking malignancy

Nurdayana Salihin^{1,2}, Juliana Binti Mohamad Basuni¹, Mohamad Faiz Bin Mohamed Jamli¹, Akmal Hisyam Arshad²

¹Department of Obstetrics and Gynaecology, Hospital Port Dickson, Port Dickson, Negeri Sembilan, Malaysia, ²Department of Obstetrics & Gynaecology, Hospital Al-Sultan Abdullah UiTM, Puncak Alam, Selangor, Malaysia

ABSTRACT

Introduction: Hydatidiform mole (HM) is part of a group of genetically abnormal conceptions known as gestational trophoblastic diseases (GTD). This report describes the case of a 54-year-old woman with complete hydatidiform mole (CHM) mimicking malignancy. **Case Description:** A 54-year-old woman presented with early pregnancy symptoms and a seven-day history of vaginal bleeding. The gynaecologic examination of vulva and vagina was normal, and the size of the uterus was appropriate for 18 weeks of gestation. Transabdominal pelvic ultrasound showed a bulky uterus with cystic and honeycomb appearance occupying the whole uterine cavity. Laboratory tests showed a sky-high serum B-HCG levels which required gynaecology consultation. CT TAP showed features of a highly vascular uterine mass suspicious of choriocarcinoma. TAHBSO and bilateral PLND were performed. Cross-section macroscopic examination revealed large edematous villi with multiple grape-like vesicles. Microscopic examination was compatible with features of a complete hydatidiform mole. Post-operative serum B-HCG followed a progressive reduction to the normal range. **Discussion:** HM can further be subdivided into two separate entities, complete hydatidiform mole (CHM) and partial hydatidiform mole (PHM). The most common presentation of CHM are vaginal bleeding, uterine enlargement, abdominal pain, nausea, and vomiting with elevated serum BHCG. Ultrasound findings may mimic malignant features of GTDs. Thus, choriocarcinoma should be included in the differential diagnosis. Treatment modalities that are available are – suction and curettage, chemotherapy, or hysterectomy. Owing to the high rate (56.3%) of malignant sequelae after evacuation of molar tissue in women age over 50 years, a primary hysterectomy is recommended, as in this case.