PP-69

A case of maternal mortality – meningioma in pregnancy

Pang Fei San[1], Ho Shu Ying[1], Hii Ling Yien[2]

[1]Department of Obstetrics and Gynaecology, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah, Malaysia, [2]Maternal Fetal Medicine Unit, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah, Malaysia

ABSTRACT

Introduction: Meningioma is an intracranial benign tumour that is very rare in pregnancy but frequently associated with a life-threatening condition compared to the non-pregnant population. The diagnosis and strategic management can be challenging during pregnancy. We report a case of meningioma in pregnancy. **Case Description:** A 31-year-old, G3P2 woman presented with a severe recurring headache and vomiting in early pregnancy. An imaging study revealed a left temporal meningioma. Craniotomy was offered. However, she opted to defer surgical intervention till postpartum despite knowing its poor prognosis if left unresected. She developed progressive visual disturbance as the pregnancy advanced. Emergency caesarean delivery was done for worsening maternal symptoms. A repeated imaging study showed a huge mass at the left parietal and temporal lobes with compressive effect leading to midline shift and cerebral oedema. She had an acutely altered mental status 2 weeks postpartum and succumbed to her disease. **Discussion:** Symptoms of meningioma may overlap with common obstetric conditions like hyperemesis gravidarum and pre-eclampsia which steer away obstetricians from diagnosing intracranial tumours. Meningioma exhibits accelerated growth in pregnancy probably due to its presence of hormone-mediated-receptors. Deterioration of neurological deficits in this patient with known space-occupying lesion warrants surgical intervention. The multi-disciplinary team, shared care management may improve the counselling session to achieve a better understanding of the illness for the couple. Multiple sessions of counselling and interview are indicated for women who refuse early intervention. In the case of stable meningioma, there is a role of vigilant monitoring throughout antenatal care.

PP-70

Spontaneous uterine rupture following unilateral salpingectomy: A case report

Priyadharshini Balakrishnan, Kiranjit Kaur, SJ Lee

Department of Obstetrics and Gynaecology, Hospital Taiping, Perak

ABSTRACT

Introduction: Uterine rupture is a rare obstetrical complication associated with a high incidence of maternal and perinatal morbidity and mortality. Salpingectomy, although rare, has been identified as a risk factor. **Case Description:** A 33-year-old primigravida at 33 weeks of gestation was admitted for preterm labour. She had previous: 1) laparoscopic right ovarian cystectomy in 20172) transvaginal myomectomy in 2021, and 3) laparoscopic right salpingectomy (with no breach in the uterine cavity) for right hydrosalpinx in 2022. She was hemodynamically stable, examination, ultrasound and cardiotocography were normal. She developed a sudden onset of right-sided abdominal pain and vomiting six hours after admission. Relevant symptomatic treatment did not relieve the symptoms. Furthermore, she became tachycardic with sonographic evidence of intrauterine death, hemoperitoneum, and a two gram drop in haemoglobin levels. An emergency laparotomy was performed which confirmed uterine rupture. She was discharged well, seven days postoperatively. **Discussion:** Extra vigilance should be taken in patients with a previous history of salpingectomy due to the risk of uterine rupture. Timely diagnosis is key for good maternal and perinatal outcomes.