

Intrauterine exchange transfusion of the fetus with severe fetal anaemia: A case report

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ABSTRACT

Introduction: Severe fetal anaemia is a critical condition that can lead to significant morbidity and mortality in the unborn fetus. Intrauterine exchange transfusion (IUT) has emerged as a potentially life-saving intervention for managing severe fetal anaemia. **Case Description:** A 26-year-old woman, G2P1 at 24 weeks of gestation was referred to our department for hydrops fetalis. During the initial assessment, we detected gross hydropic changes in the fetus, with pericardial effusion, hydrothorax, and fetal ascites. No structural abnormalities were detected. Middle cerebral artery (MCA) Doppler was done with the PSV values being more than 1.5 MoM, suggestive of severe fetal anaemia. Fetal heart rate was around 80-90 beats per mins with poor contractility suggestive of a preterminal event. Intrauterine exchange transfusion was performed with +150/-90 ml of irradiated packed cells. The patient was subsequently followed-up weekly during which we noticed a complete reversal of hydropic changes and the MCA PSV values returning to normal. At 34 weeks, a cardiotocograph showed signs of fetal anaemia. The baby was delivered via EMLSCS and subsequently required three exchange transfusions and intense phototherapy. The baby was diagnosed with SEA ovalocytosis postnatally. **Discussion:** In conclusion, intrauterine exchange transfusion represents a valuable therapeutic option for severe fetal anaemia. While it carries inherent risks, its benefits in preventing fetal demise and improving neonatal outcomes cannot be overlooked. Further research is warranted to refine patient selection criteria, optimize procedural techniques, and explore potential adjunctive therapies to enhance the effectiveness and safety of IUT.

A case of an ultrasound-guided laparoscopic excision of a scar ectopic pregnancy in Hospital Sungai Buloh

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ABSTRACT

Introduction: Caesarean scar ectopic pregnancy is a rare form of ectopic involving either partial or complete implantation of the gestational sac within a previous caesarean scar. Despite the rising incidence, treatment remains a challenge due to the lack of consensus on the optimal mode of management. **Case Description:** A 34-year-old lady at 5 weeks POA with a history of 2 previous caesarean scar, presented with per vaginal spotting. She was otherwise well. Her vitals were stable, and examinations were unremarkable. Transvaginal ultrasound revealed a small gestational sac over the lower pole of the uterus within the myometrium with a myometrial thickness of 4 mm. She was subjected to MRI imaging in addition to serial beta-hCG monitoring; and findings were indicative of a scar ectopic pregnancy. Hence, a trial of intramuscular Methotrexate was given at a hCG level of 14,000 iu/l however the levels continued to rise. The patient then underwent a diagnostic laparoscopy. Intraoperatively, there was only a vague bulge over the anterior aspect of the uterus; hence, a transvaginal ultrasound was used to locate the pregnancy and thus guide the site of the uterine incision. A POC of 1.5 cm in diameter along with pieces of placental tissues were extruded from the defect and repaired. **Discussion:** In this case, we describe the approach of laparoscopic resection under the ultrasound guidance for an early exogenous scar ectopic. This case is consistent with the current evidence of an increased likelihood of failed medical management with a beta-hCG level greater than 5,000 iu/l.