A Case of haemophagocytic lymphohistiocytosis

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A Primigravida patient with booking BMI 24.1 , British European and was in midwife led care had an outlet forceps delivery with the aid of an episotomy for foetal distress following spontaneous onset of labour at her 39+4/40 weeks of her pregnancy.The cord gases were recorded as Artery 7.17 and venous 7.31. Episiotomy wound was repaired as per RCOG recommendation .Patient noted to have COVID infection at 20/40 and recovered with no long term complications. 8 days post delivery patient was admitted to hospital for feeling generally unwell and febrile . She was presumed to have sepsis originating from episiotomy wound and was treated with antibiotics. During her admission through A n E , patient also complained of profuse diarrhoea for the past 3 days. Patient underwent perineal wound debridement as was not showing clinical improvement despite on antibiotics and was noted to have 3 b perineal tear which was also repaired . Despite the management patients clinical condition deteriorated despite on escalated antibiotics and had worsening pancytopenia and deranged liver function . She was intubated and ventilated and was transferred to tertiary care center in London for further management .Due to deteriorating liver function , liver scan and doppler , CT CAP , X ray chest done which reported patent hepatic vasculature , normal chest X ray findings along with non remarkable CT CAP findings .Blood tests confirmed severe pancytopenia and HSV DNA detected with 130,000 copies along with EBV viraemia .HSV booing immunoglobulins were negative indicating peripartum primary infection .The diagnosis established was HLH secondary to HSV viraemia (H score 243 indicating 99% probability)Bone marrow aspirate also showed haemophagocytosis. Patient was treated with IV Acyclovir , IV Anakinra , IV methylprednisolone and IV immnoglobulin. Unfortunately perinatal death of the baby occurred at day 7 due to pancytopenia , liver failure attributed to the same cause . Patient responded to the advanced management , extubated gradually and was stepped down to oral antiviral therapy after noting decreased viral markers. Patient gradually fully recovered ,although needed local psychiatry service suipport on discharge and was signposted to relevant support organisations.