

Early onset severe pre-eclampsia with history of childhood Henoch-Schonlein purpura

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OBJECTIVE: Early onset pre-eclampsia with history of childhood Henoch- Schonlein purpura as lack of data on long term follow up of treated patients with this childhood disease and its effect on pregnancy.

CASE REPORT: A 23 years old, primigravida, admitted with severe pre-eclampsia at 24 weeks gestation. History of Henoch- Schonlein Purpura as child, confirmed with renal biopsy and was treated with Azathioprine and Prednisolone. Currently on no treatment. At her 16 weeks and 21 weeks antenatal appointments, normal blood pressure and no proteinuria. Not started on aspirin. At 24 weeks appointment, had raised blood pressure and proteinuria. Her urine protein: creatinine ratio was raised 414 mg/mmol and sFlt/PLGF ratio at 1481. Her haemoglobin, platelet count and liver functions were normal. She was started on labetalol. No rash to confirm recurrence of her Henoch-Schonlein purpura but she was having worsening renal function tests.

At 24+1 weeks scan, estimated fetal weight was 445grams, with raised umbilical artery PI and a trace with absent end diastolic flow. At 24+3 weeks , she was symptomatic for pre-eclampsia and started on magnesium sulphate. The scan showed absent and reversed end diastolic flow but normal ductus venosus. Patient's blood pressure was stable and asymptomatic for pre-eclampsia with magnesium sulphate. She had category 2 caesarean section with indication of suspected fetal compromise and maternal compromise.

DISCUSSION. The dilemma in this case was regarding either planning delivery at this early gestation where according to consultant neonatologist the mortality rate was ~80% or if the mother remains stable after completing magnesium sulphate, then following RCOG guidelines and performing daily fetal Doppler scans.

The other considering feature was that she was not started on antenatal aspirin, most likely as she was not currently on any treatment for Henoch- Schonlein purpura. A long term follow up of patients with childhood Henoch- Schonlein purpura concluded that 16 out of 44 patients(36%) with no active renal disease had hypertensive complications in pregnancy.¹

CONCLUSION: Aspirin is advised for patients with chronic kidney disease but as Henoch Schonlein purpura is a disease usually of childhood, it is in the grey area for Obstetrics. With the increase risk of pre-eclampsia in the study by Goldstein et al ¹ in these patients and lack of more data, it could be safer to start them on antenatal aspirin.

REFERENCES:

Goldstein AR, White RH, Akuse R, et al. Long-term follow-up of childhood Henoch- Schonlein nephritis. Lancet 1992; 339: 280–282.