

A rare case of direct antiglobulin test (DAT) negative autoimmune haemolytic anaemia in pregnancy

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Objective:

To increase awareness of pregnancy-associated autoimmune haemolytic anaemia (P-AIHA) and consider this important differential diagnosis in patients presenting with new onset of anaemia, jaundice and splenomegaly in pregnancy.

Case report:

We present a 26 year old multip attended maternity triage at 20+4/40 with a 3/7 history of lethargy and jaundice. She denied any urinary symptoms with negative urinalysis. There was no history of diarrhoea, steatorrhea, weight loss or fever. She reported good fetal movements, no abdominal pain, vaginal bleeding or discharge.

PMH:

Uncomplicated pregnancy with vaginal delivery 6 years prior, requiring a blood transfusion following a post-partum haemorrhage. PSH: Laparoscopic cholecystectomy aged 16. DH: NKDA or medication. FH: Father suffered gallstones. SH: Bengali, non-smoker and no alcohol. OE: BMI 32, Alert, clinically anaemic (pale conjunctiva and pale lips) and clinically jaundiced sclera. BP 96/55, P112, T 36.8. Per abdomen: 20/40 gravid uterus. No abdominal pain, guarding or palpable lymphadenopathy. Bloods: Hb:50 (60), WCC:81, plt:160 MCV:128, ferritin:1458. Abdominal ultrasound - splenomegaly enlarged from 10.6 to 14.5 cm, normal pancreas, liver and portal vein with no hepatic-lesions.

Her Hb dropped over 24 hours with increasing jaundice consistent with haemolysis. Urgent Haematology review was sought and steroid responsive p-AIHA confirmed. The patient went onto have a vaginal delivery at term. Post-delivery the patient made a full recovery with a Hb 116g/dl 6 weeks post-delivery.

Discussion:

p-AIHA is a rare condition with serious complications for pregnant women and newborns [1]. It is more common in multiparous women and typically presents later in pregnancy. Literature suggests presentations in second trimesters are significantly associated with adverse pregnancy outcomes. Therefore, prompt diagnosis and treatment is vital. Most cases require steroids and blood transfusions and 33.3% are associated with preterm labour and stillbirth therefore, patient education and follow-up are essential.

Recurrence in subsequent pregnancy is common thus, early involvement with haematology can facilitate management of this rare condition.

Conclusion:

It is important have a high index of clinical suspicion and consider this rare but significant diagnosis in patients presenting with a new onset of haemolysis, jaundice and anaemia in the antenatal. Seeking early input from the multi-disciplinary team is vital to avoid delayed diagnosis. Ensuring clear patient education and follow up is vital for both current and future pregnancies in view of the associated maternal and neonatal morbidity.

References

[1] Irina Murakhovskaya et al. *Pregnancy-Associated Autoimmune Hemolytic Anemia: Meta-Analysis of Clinical Characteristics, Maternal and Neonatal Outcomes, Blood; Volume-138: Supplement 1, 2021, Page 1959, ISSN0006-4971, <https://doi.org/10.1182/blood-2021-152494>.*

