



CHRONIC MYELOID LEUKEMIA IN PREGNANCY: 20 YEARS' EXPERIENCE IN A TERTIARY CARE CENTER

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*DR. LUMAAN SHEIKH, DR. HIBA ARSHAD SHAIKH, DR. WARDA MAQSOOD, DR. ATIYA KHALID
AGHA KHAN UNIVERSITY HOSPITAL, PAKISTAN*

INTRODUCTION

CML is a chronic myeloproliferative disorder, usually occurring during or after middle age, and accounts for up to 10% of pregnancy-associated leukemia, with an annual incidence of 1 per 100,000 pregnancies

OBJECTIVE

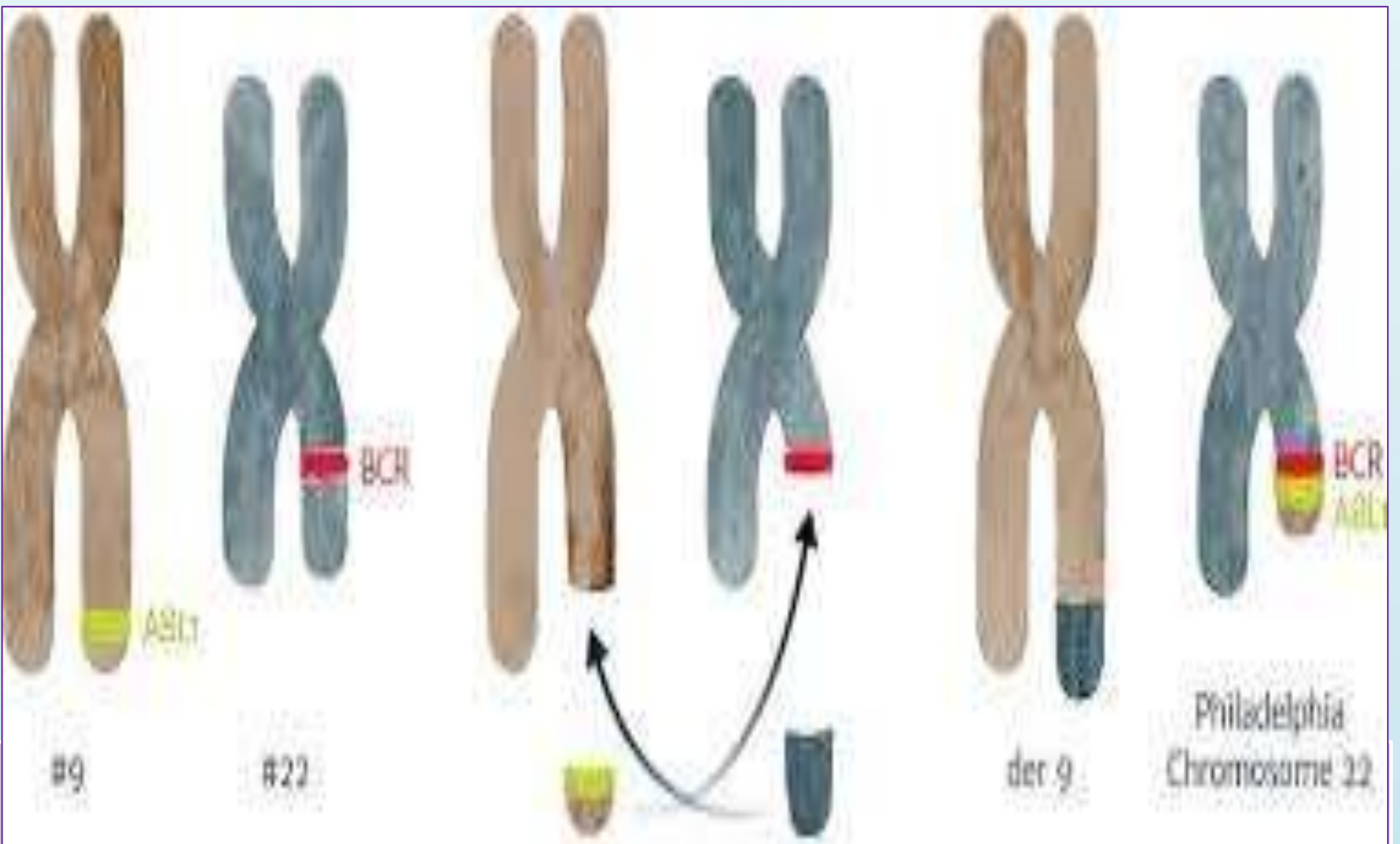
Since pregnancy is rare in CML, there are no dedicated studies to address the optimal management of this condition. This study aims at addressing the cases of pregnancy with CML over the last 20 years in our hospital and discuss the presentation, course, management, and complications as well as the pregnancy outcomes

METHODOLOGY

All patients with CML who got pregnant and presented at our tertiary care hospital were included in this study.

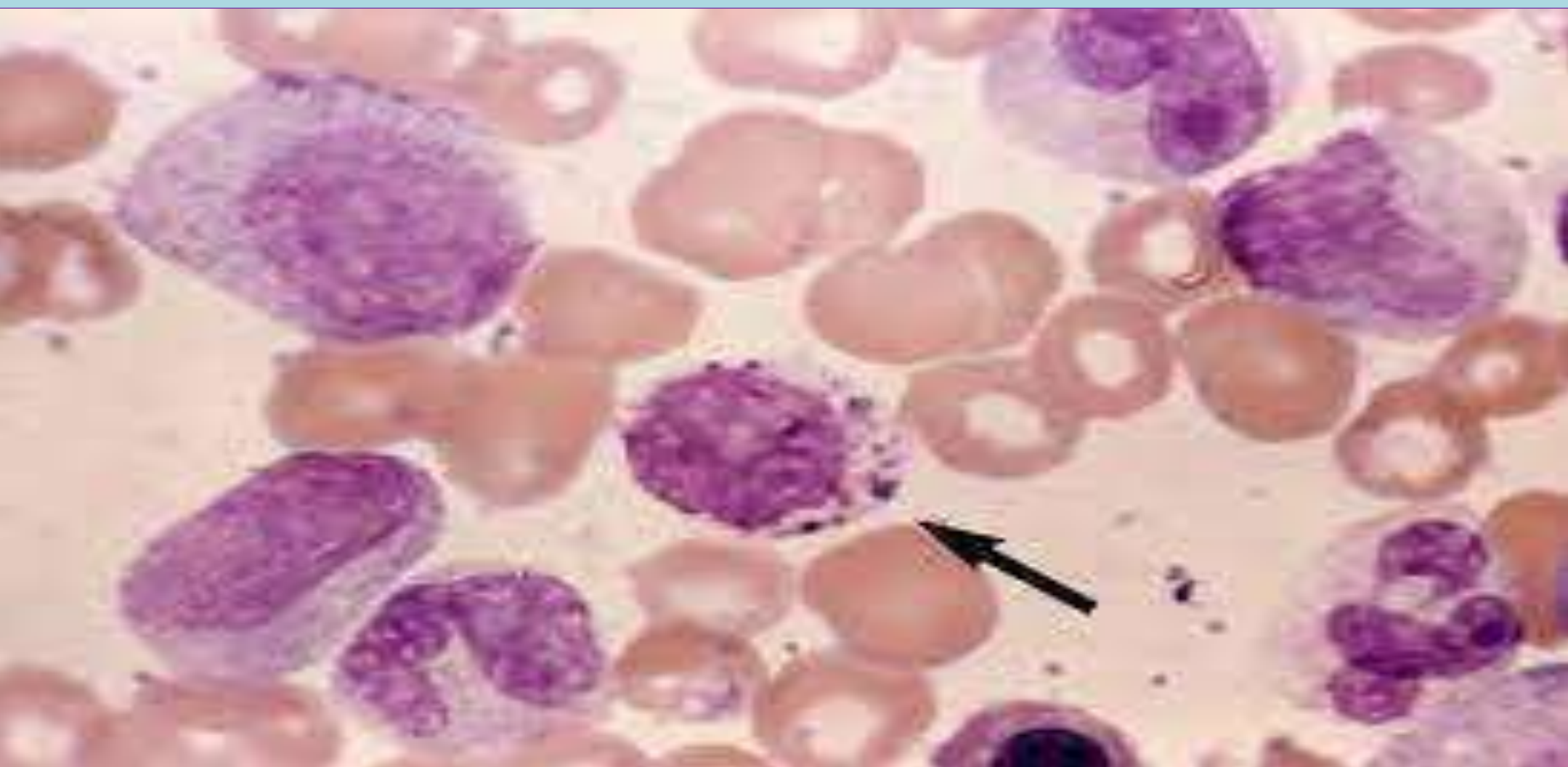
CONCLUSION

Most patients had good pregnancy outcome hence, CML is not a contraindication to pregnancy. Pre-conception optimization of medication and multidisciplinary team approach with maternal medicine consultant and hematologist are necessary for better pregnancy outcomes.



RESULTS

A total of 16 patients, age between 20-40 years, with CML in pregnancy were included in the study. All were diagnosed cases of CML, by bone marrow biopsy showing ABL-BCR translocation and blast cells.



One patient expired at 28 weeks due to multi-organ failure secondary to sepsis

Two had terminations on medical grounds, one due to being in the acute phase of disease and other being on teratogenic drug (nilotinib)

Spontaneous miscarriages in two cases, one at 12 weeks and other with premature rupture of membranes causing inevitable miscarriage at 21 weeks

Eleven (68.75%) had good clinical outcome with delivery at term