

Uncommon to Uneventful; a Case of Sickle Cell Disease Complicating Pregnancy

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Sickle cell disease (SCD) is an uncommon disease in Sri Lanka. Managing a SCD complicating pregnancy in a low resource setting is extremely challenging.

A 21-year-old G1 P1 CO mother who is a diagnosed patient of sickle cell disease since the age of nine months, transferred from peripheral hospital at the period of amenorrhoea (POA) of 39 weeks and 2 days for exchange transfusion and obstetric care and further management. She had 5 siblings and two of them were affected by sickle cell disease and her parents were carriers. Since the diagnosis of SCD she had multiple episodes of painful crisis. she was on regular follow up and had multiple red cell transfusion until the age of 16 years and on oral iron chelation therapy, penicillin and hydroxycarbamide. She has been married for one year and 4 months and never had pre-marital or pre- pregnancy counselling. The pregnancy had been confirmed at 8 weeks of gestation. Hydroxycarbamide had been stopped and she had been educated by multidisciplinary team (MDT) regarding the precipitants of haemolysis. The current pregnancy had several complications; acute painful episode of small joint of the hand at 15 weeks, multiple haemolytic episodes that were managed with prophylactic packed cell transfusions, abdominal pain related to uncomplicated gall stones at 20 weeks and gestational diabetes mellitus at 28 weeks of POA. She had undergone multiple repeated assessment by ultrasound scan which was normal and cardiotocography (CTG) was reactive. She developed acute chest syndrome and had undergone exchange transfusion at 39 weeks and 5 days. Labour had been induced at 40 weeks and found to have thick meconium and had undergone emergency caesarean section which was uneventful and delivered a healthy baby.

SCD is an uncommon and reported around 2.8 % in Sri Lanka. During pre-pregnancy the patient needs comprehensive annual screening and discussion regarding reproduction and contraception are vital. The target Hb and HbS % are 100 to 110 g/L, < 35% respectively. After initial episode of painful crisis the patient was given prophylactic red cell transfusion and the pregnancy was successfully taken to term.

SCD in pregnancy increases the risk of maternal morbidity and mortality as well as foetal complication. Managing a SCD complicating pregnancy in low prevalence and low resource countries is challenging and clinicians also having lack of experience. However, in our patient the outcome was very successful and well-coordinated care given by the multidisciplinary team.