

EL-LSCS and PPH management in an undiagnosed case of Haemophilic A patient :

A Case Report

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Objective :

Coagulation profile should be evaluated esp. in primigravida if there is history of HMB and anemia.

case report :

A young lady of 22years Old ,primigravida ,who made her 1st visit at 11 weeks with severe anemia, history of HMB in past. At that time her Hb % was 6.5 g /dl.USG turns normal, no fibroid, no haemoglobinopathies detected, thyroid profile normal. Only iron deficiency anemia so corrected .Her antenatal was uneventful, with good care & compliance, her Hb was almost 12 g/ dl before her cesarean. Because of postdate n poor bishop cesarean was done under spinal anesthesia without any complication.

10 hours after her cesarean, during her 1st post op round, she had fainting episodes & not able to walk. Her uterus was full of clots , large blackish clots removed from uterus i.e primary PPH, medically managed according to guidelines . Haemorrhage was in black clots form, then after every 02 hours, we empty uterus, done it 3 to 4 times. Hb % drops to 8.0g/dl & then we transfuse 1 fresh UOB at night & after that patient became stable, and discharged next day at evening. Remaining period was normal & she removed stitches on 10th POD without any other complication. Coagulation profile after 6weeks was advised.

After 02 years ,I met her again & she told me that after 8months of her cesarean, she got injury over Rt. eyelid & bleeding not stopped, then in hospital she informed about her PPH & coagulation profile evaluation. Work up done & that lady was diagnosed as patient of **Haemophilia A**.

Discussion :

Haemophilia A is a hereditary coagulation disorder related to congenitally low levels of factor VIII. Although pregnant women with this condition are at risk of bleeding, these values typically rise during pregnancy. Multiple professional societies recommend factor VIII level above 50% for neuraxial approach and delivery. Spinal anesthesia is a viable option for pregnant women with hemophilia A who require a C-section. The use of tranexamic acid and neuraxial techniques can help reduce the risk of bleeding .Adequate pre operative planning and multidisciplinary approach are crucial in managing these patients. Pregnant women with hemophilia A can safely undergo spinal anesthesia for a C-section with careful management and monitoring of factor VIII .

Conclusion :

we must pay attention and go for coagulation profile in severe anemic primigravida and in young girls who have history of HMB and in whom all other possible causes are ruled out.