ISP-26-5  Pregnant women with inherited thrombocytopenia

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[Objective] Management of pregnant women with inherited thrombocytopenia has not been established, because this condition is rare and difficult to diagnose. Autosomal dominant inherited thrombocytopenia caused by integrin αIIbβ3 mutation was reported recently. We are currently following up two families with this condition, and herein, we report their perinatal and neonatal courses. [Patients] We enrolled 4 women (7 pregnancies) with this disorder, who gave birth in our hospital during 2007–2015. One of these was a triplet pregnancy. We retrospectively evaluated the platelet counts before and during pregnancy, management of thrombocytopenia, and platelet counts of their infants. [Result] The platelet count before pregnancy was 45 ± 0.5 × 10^9/L (mean ± SE). During pregnancy, none of the patients experienced a hemorrhagic event. In 2 of 7 cases, γ-globulin had been administered; however, the platelet counts had remained low. All 7 subjects underwent platelet transfusion before the cesarean section. The median bleeding volume during the surgery was 867 ± 175 mL, and the postoperative courses were uneventful. Five of 9 infants had thrombocytopenia; however, there were no complications during and after the delivery. [Conclusion] Platelet transfusions were needed before delivery; however, all perinatal and neonatal courses were uneventful by cesarean section.

ISP-26-6  To assess the management of pregnancies complicated with antithrombin deficiency: A report of 20 cases

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[Objective] To assess the management of pregnancies complicated with antithrombin (AT) deficiency. [Methods] Twenty pregnancies from 18 women genetically diagnosed with AT deficiency and treated from Jan. 2006 to Feb. 2014 were studied. [Results] Eleven cases developed thromboembolism (TE) during pregnancy and were diagnosed with AT deficiency. Of the 11 cases, 6 developed TEs in the first trimester. AT concentrate (3000–6000U/wk) to maintain AT level >70% and therapeutic dose of heparin (APTT level at 60–90 sec) were administered until 4–6 hrs before delivery. For 9 cases diagnosed with AT deficiency before pregnancy, prophylactic AT medication to maintain AT level >70% in addition to heparin (10000–15000U) and/or 81–100mg aspirin a day was started at initial visit of the pregnancy. Of 20 cases, 16 delivered vaginally. The median length of gestation was 38 wks (30–40wks) and blood loss at delivery was 572ml (265–3034ml). Heparin-induced thrombocytopenia was occurred in one case. No pregnancy loss, PIH, abruptio placenta growth restriction was occurred. AT medication to maintain AT level >70% continued until 6wks after delivery. Heparin therapy was started 6 hrs after delivery and switched to warfarin at next day. No TEs were occurred in all 9 cases. [Conclusion] Our result supports prophylactic AT medication from early pregnancy is associated with a successful pregnancy outcome.

ISP-26-7  Short umbilical cord length reflective of adverse pregnancy outcomes in a Japanese population

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[Objective] This study aimed to determine the umbilical cord length showing the highest correlation with adverse pregnancy outcomes. [Methods] We retrospectively analyzed data of women who attempted vaginal birth. We excluded patients of preterm birth, multiple gestations, noncephalic presentation, a history of uterine operation, obvious fetal structural abnormalities diagnosed during pregnancy, and elective cesarean delivery owing to maternal complications. The umbilical cord lengths were analyzed and categorized into three groups: less than the first percentile, from the first percentile to less than the tenth percentile, and others. The main outcome was the rate of cesarean delivery. We also evaluated the frequency of operative vaginal delivery, small-for-gestational-age births, neonate resuscitation by intubation, Apgar score less than 7 at 5 minutes, umbilical artery pH below 7.1, manual removal of placenta, placental abruption, preeclampsia, and abnormal bleeding during delivery. [Results] The average umbilical cord length was 56.6 cm. Cord lengths of 33 and 43 cm corresponded to the first and tenth percentiles, respectively. A short cord was an indicator of unplanned cesarean delivery, neonate necessitating intubation, and Apgar score less than 7 at 5 minutes. [Conclusion] An umbilical cord length 43 cm and shorter is a clinically useful indicator of adverse pregnancy outcomes.