International Journal of Gynecology and Obstetrics (2006) **94**, 62—66

International Journal of
GYNECOLOGY
& OBSTETRICS

www.elsevier.com/locate/ijgo

CASE REPORT

Pregnancy complicated with Buerger's disease

N. Kikuchi *, M. Kanai, N. Kita, Y. Mitsuhashi, I. Konishi

Department of Obstetrics and Gynecology, Shinshu University School of Medicine, Matsumoto, Nagano, Japan

Received 26 October 2005; received in revised form 22 March 2006; accepted 29 March 2006

KEYWORDS
Buerger's disease;
Pregnancy;
IUGR;
Anti-coagulant therapy;
Heparin

Abstract Buerger's disease is an inflammatory occlusive vascular disorder involving small- and medium-sized arteries in the distal extremities and is usually complicated with thrombophlebitis. Since Buerger's disease develops most frequently in men who smoke, pregnancy complicated with this disease is extremely rare. Only three pregnancies have been reported previously. All cases indicate that Buerger's disease worsens during pregnancy. However, anti-coagulant therapy appeared to be effective in this case. Accordingly, careful observation is mandatory in pregnancies complicated with Buerger's disease.
© 2006 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Thromboangitis obliterans is an ischemic symptom involving non-atherosclerotic inflammatory occlusive vascular disorders most commonly affecting small- and medium-sized arteries and veins in the distal upper and lower extremities and is complicated with thrombophlebitis. Since Leo Buerger gave a detailed report in 1908, this disease has been known as Buerger's disease [1]. The precise cause of this disease is unknown, and no specific treatment except stopping cigarette smoking and symptomatic treatments are available. Although Buerger's disease has a worldwide distribution, its prevalence is higher in Asians and individuals of Eastern European descent. This disorder develops most frequently in males under the age of 50 years. Thus, Buerger's disease is extremely rare in young females.

This is evident from the fact that only three pregnancies have been reported previously [2—4]. This is the fourth report, which documents the course and management of a young pregnant woman with Buerger's disease.

2. Report of case

A 28-year-old woman, gravida 1, para 1, visited the Shinshu University School of Medicine and was diagnosed at 5 weeks of gestation. She was

* Corresponding author. Tel.: +81 263 37 2719; fax: +81 263 39 0944.
E-mail address: kk-nori@hsp.md.shinshu-u.ac.jp (N. Kikuchi).

0020-7292/$ - see front matter © 2006 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.ijgo.2006.03.020

diagnosed with Buerger's disease by an arteriography at 27 years of age (Fig. 1). At the time of diagnosis, ulcer and coldness, with pain at the left pretibial region and claudication, were observed and she had been smoking more than 20 cigarettes daily. During the first trimester of the current pregnancy, fetal growth was normal. However, the ischemic symptoms worsened, pain in the left pretibial region increased, and thrombophlebitis frequently occurred (Fig. 2). The worsening of symptoms was apparently due to the hypercoagulation status of pregnancy, so anti-coagulant therapy using subcutaneous heparin injection of 10,000 IU/day was started at 12 weeks of gestation. After starting the anti-coagulant therapy the pregnancy course was uneventful until 31 weeks. The ulcer and necrosis in the left pretibial region dramatically improved (Fig. 2). However, intrauterine growth restriction (IUGR) occurred from 33 weeks of gestation, an 1814 g male infant was delivered by emergent cesarean section at 36 weeks due to fetal non-reassuring status after preterm rupture of the membrane. There were no abnormal findings noted in the infant. Macroscopic findings of the placenta and cord were normal, and histopathological examination did not indicate vasculitis, except for a small infraction (Fig. 3). The postpartum course was uneventful, and prostaglandin E1 (PGE1) was administered. This medication has been continued up to the present and

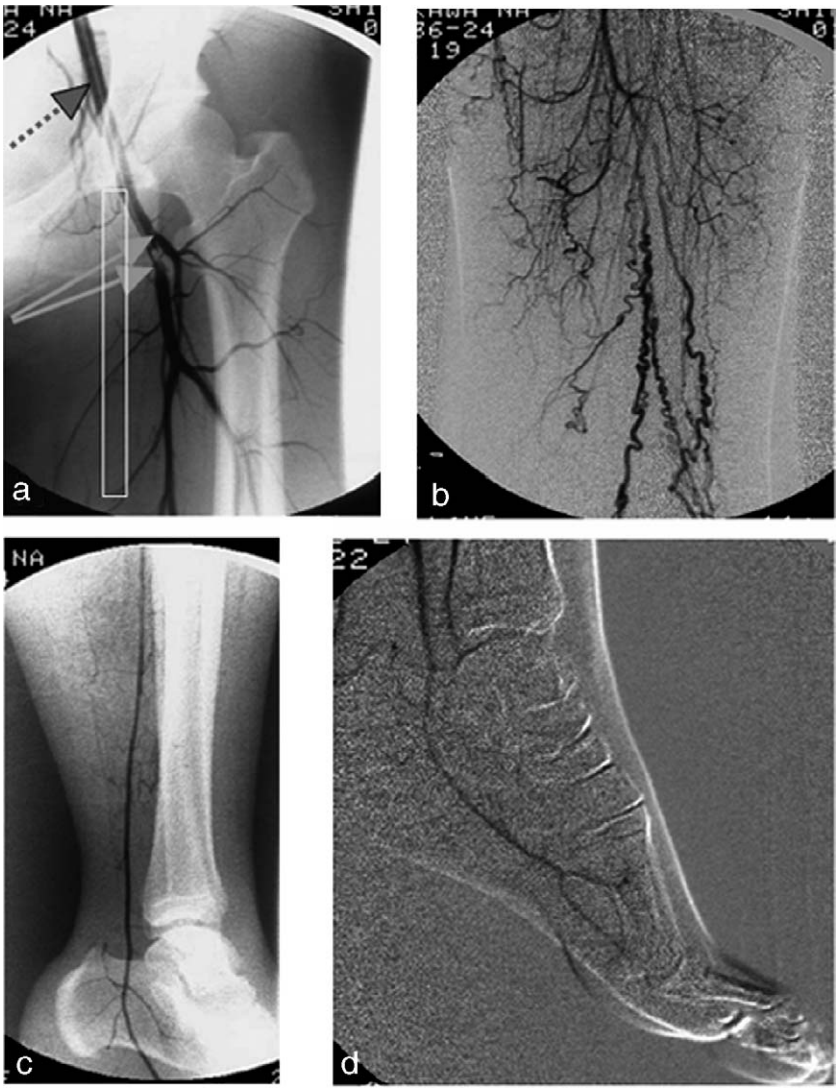

Figure 1 Arteriographys (a): Common femoral artery (a dotted arrow) and deep femoral arteries (solid arrows) are described. But superficial femoral artery is not described within a rectangle. (b): Many collateral channels from deep femoral artery are there. (c) and (d): Anterior tibial artery is not observed, so only posterior tibial artery is described.

Download English Version:

https://daneshyari.com/en/article/3955547

Download Persian Version:

https://daneshyari.com/article/3955547

Daneshyari.com