Case Report - Management of a Pregnant Woman With Thrombophilia:

Raposo M.I.¹, Sampaio L.¹, Borges, L.¹, Pereira, A. ¹, Ponte C.¹
1. Department of Gynecology/Obstetrics of Hospital do Divino Espírito Santo, Ponta Delgada, EPE

Objective:
Inherited thrombophilias are present in over 50% of pregnancy-associated venous thromboembolic event (VTE) cases. The most frequent causes are the factor V Leiden (FV) mutation and the prothrombin gene (FII) mutation, which together comprise 50 to 60% of cases in the Caucasian population. The main objective of this study was to review the obstetric particularities of a pregnant woman with asymptomatic heritable thrombophilia, due to a case followed in Hospital Divino Espírito Santo (HDES) of Ponta Delgada, São Miguel Island, Azores.

Methods:
Overview of a clinical case about a pregnant woman with a thrombophilia and review of the particularities of the management of pregnancy and puerperium, based on the latest guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG).

Case Report:

Identification: 34-year old woman.

Personal Antecedents: Immune Thrombocytopenic Purpura in remission after corticosteroid therapy.

Obstetrical past: Three miscarriages in the first trimester.

Family history: Mother had two miscarriages and developed deep vein thrombosis at the age of 40.

2014

Thrombophilia screening

2015

She got pregnant and received antenatal thromboprophylaxis with low-molecular-weight heparin throughout pregnancy.

2016

High Risk Thrombophilia

Double heterozygosity:
- Mutation in FV Leiden variant c.1691GA
- Mutation in FII gene variant c.20210GA

At 40th weeks: She was admitted to hospital in spontaneous onset of labour.
- She refused epidural analgesia.
- Because of fetal bradycardia in the second stage of labour, an operative vaginal delivery with vacuum device was performed.
- Birth of a female newborn, weighing 3420gr, with Apgar score of 8/10.

After delivery a new thromboembolic risk was calculated and stratified, keeping the criteria for postnatal thromboprophylaxis during 6 weeks.
- She began breastfeeding without restrictions.
- She started oral contraception with progestin.

Conclusion:

- Within the general population of São Miguel, the allele frequency of FV Leiden variant c.1691A was 4,9% and the FII variant 20210A was 1,8%.

- Women with no personal history or risk factors for VTE but who have a family history of an unprovoked or estrogen-provoked VTE in a first-degree relative when under 50 years of age, should be considered for thrombophilia screening.

- All women should undergo a documented assessment of risk factors for VTE in early pregnancy or prepregnancy and in postpartum, based on RCOG guidelines, in order to consider the need for thromboprophylaxis.

References: