A-075

Anaplastic large cell lymphoma in pregnancy: A case report

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ABSTRACT

Introduction: Anaplastic large cell lymphoma (ALCL) is rarely diagnosed during pregnancy. ALCL is a type of non-Hodgkin's lymphoma with various non-specific clinical manifestation. Pregnancy with gastrointestinal symptoms causes dilemma in the diagnosis of ALCL. The objective of this case report is to share the knowledge and experience in the care of a pregnant woman presented with gastrointestinal symptoms who was diagnosed with ALCL. **Case Description:** We report a case of a 34-year-old woman at 23 weeks gestation, presented with epigastric pain, vomiting, reduced oral intake and lethargy. Initially she was treated symptomatically. However, she did not respond to treatment. Further investigation which includes blood tests, imaging and histopathological examination were carried out. Diagnosis of ALCL was made after multidisciplinary team discussion involving obstetricians, surgeons, hematologists, and physicians. The woman and pregnancy were monitored closely by multidisciplinary team. Chemotherapy consisting of rituximab, cyclophosphamide, hydroxydaunorubicin, oncovin and prednisone (R-CHOP regime) were given. Patient's symptoms improved significantly after the first cycle of chemotherapy. Surveillance of fetal wellbeing was carried out and revealed fetal growth restriction with normal umbilical artery Doppler. The pregnancy progressed up to 29 weeks 4 days, but she developed preterm contraction and went into a spontaneous preterm labour. **Discussion:** ALCL is a rare condition in pregnancy with various symptomatology. There is little information on the effect of ALCL to pregnancy and vice versa. Early involvement of multidisciplinary team and close monitoring of patient may mitigate potential complications related to treatment and the disease.

A-076

Non-previa placenta accreta: A rare case report

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ABSTRACT

Introduction: Placenta accreta is mostly associated with previous history of caesarean section and placenta previa. Rarely, it is encountered in an unscarred uterus. **Case Description:** We report a case of a 37-year-old, lady, G4P2+1 at 36 weeks of gestation. She had history of dilatation and curettage following incomplete miscarriage and manual removal of placenta in her second pregnancy. The first and second stage of labour were uneventful. Unfortunately, the third stage was complicated by retained placenta which resulted in primary postpartum haemorrhage. She was given uterotonic agents and resuscitated with packed cells transfusion while preparing for examination under anaesthesia and manual removal of placenta in the Operation Theatre. The placental bulk was at the posterior-fundal aspect of the uterus. There was difficulty in removing the placenta, thus raising the suspicion of placenta accreta. This was later confirmed by histopathological report following total hysterectomy. The patient was nursed in intensive care unit for a day and had an excellent recovery. **Discussion:** Obstetricians should be prepared to encounter undiagnosed placenta accreta even in the absence of placenta previa or previous caesarean section. High index of suspicion and early intervention will reduce the risk of maternal morbidity and mortality.