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Disease during Pregnancy

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Commentary

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INTRODUCTION

Cardiac disease

Worldwide, cardiac disease complicates around 1% to 4% of pregnancies and accountable for 10% to 15% of maternal mortality. Numerically women in childbearing age with congenital heart disease are growing due to development in the diagnostic tools and care throughout childhood^[1-4]. According to the Annual Health Statistical Report of Sudan in the discharge clinics 2004, 3.97% of the cardiac cases are due to rheumatic heart diseases, 51.7% of these cases were females, maximum of them in the reproductive age (15-45 years). In spite of the enlarged workload of the heart during gestation and labour, the healthy woman has no damage of cardiac reserve^[3,5-8].

The occurrence of heart disease raises the risk of obstetric problem such as preterm delivery, postpartum haemorrhage; pre-eclampsia, enlarged the risk of cardiac de-compensation and death. Also there is enlarged risk of infection, miscarriage, and congenital heart disease. There are rare published data -none is available in Sudan- regarding cardiac disease through pregnancy^[9,10].

Extrasketalewing sarcoma

Ewing's sarcoma (ES) of the bone is portion of the Ewing sarcoma family of tumors (ESFTs), as like the Askitumors of the chest wall, Primitive Neuroectodermal Tumors (PNET) of bone or soft tissues and Extrasketalewing Sarcoma (EES)/peripheral Primitive Neuroectodermal Tumor (pPNET)^[11,12]. ES is frequently recognized as a primary malignancy of the bone affecting children and young adults, establishing the second most frequent sarcoma of bone in these age groups. It is related with soft tissue extension in 90% of cases. Primarily extrasketalewing Ewing's sarcoma is a rare subtype, and was first pronounced by Tefft et al., reporting four patients with paravertebral soft tissue tumors that histologically resembled ES. Since then numerous cases of EES have been found. It occurs more regularly in the age range between age 20 and 30 and can grow in almost any soft tissue of the body^[13].

Tubo-ovarian torsion

Isolated tubal torsion is infrequent occurrence during pregnancy. The clinical symptoms are frequently nonspecific and the diagnosis is hard, particularly in the pregnant abdomen. The diagnosis is frequently recognized during the operation achieved for acute abdomen. Initial diagnosis and treatment is essential and early gestational week's laparoscopy may be a significant diagnostic tool in these cases. Isolated tubal torsion is an infrequent gynaecologic emergency; the incidence is stated to be approximately 1/1.500.000. The 12 to 20% of patients are detected in pregnancy^[14].

Thrombophilic polymorphisms

Inherited thrombophilia has newly been recognized as a major cause of thrombembolism, but it may also contribute to

opposing pregnancy outcomes and recurrent pregnancy loss. Three gene mutations namely leiden (FV G1691A), prothrombin (FII G20210A), and methylenetetrahydrofolate reductase (MTHFR C677T) are the utmost common types of hereditary thrombophilias in women with RPL, which in turn can result in placentation. These are frequently undiagnosed, since most carriers are asymptomatic^[15]. The occurrences of FV & FII mutations associated to the pregnancy loss stages presented that FV mutation ratio was similar among cases with early or late stage pregnancy loss (25% - 26%) but expressively higher than that of controls (1.4%). On the other hand FII mutation ratio was high among cases with late pregnancy loss (50%) followed by early pregnancy loss (38%) and was important higher than that of controls (1.4%). MTHFR C677T mutation was more common in group of women with fetal loss in first trimester compared to the controls. We have stated that the groupings of two or more thrombophilic polymorphism risk factors were detected in 10.8% healthy Saudi women with unexplained RPL while no more than one risk factor was observed in any of the controls^[16,17].

DISCUSSION AND CONCLUSION

Cardiac surgery former to pregnancy did not assurance a complication-free course in succeeding pregnancies. Thus Rheumatic heart disease is the most leading aetiology of heart disease during pregnancy in Sudan. Cardiac surgery former to pregnancy is not a grantee for pregnancy free complication^[18-20]. The tumor frequently progresses with a high incidence of local recurrence and distal metastasis^[21]. Extraskelatal Ewing's sarcoma can manifest as a quickly growing localized mass causing local compression symptoms. Palliative radiotherapy can attain local tumor decrease and symptom relief^[22,23]. In the estimation of adnexal masses; ultrasonography (USG) is the gold standard though a definitive diagnosis is diagnosed after surgical exploration. Isolated tubal torsion is seen infrequently in pregnancy and is significant with due to non-specific severe abdominal pain symptoms. Recurrent pregnancy loss is a common health problem among Saudi women at the reproductive age. It is a heterogeneous state with three or more successive losses affecting 1-2% and two or more successive losses affecting up to 5% of women^[24].

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