

Sickle Cell Trait Linked to Placental Problems

BY TIMOTHY F. KIRN
Sacramento Bureau

RENO, NEV. — Sickle cell trait is associated with previously unreported signs of fetal hypoxia, placental infarcts, and possibly excess risk of fetal demise, according to a study presented in poster form at the annual meeting of the Society for Maternal-Fetal Medicine.

"In the past, we have just told these patients, 'Come in every trimester, and we will check your urine [because of increased risk for a urinary tract infection]. Maybe that's not safe,'" the study's lead author, Michelle Y. Taylor, M.D., of the department of obstetrics and gynecology at the University of Mississippi Medical Center, Jackson, said in an interview.

In a case review of 131 pregnancies with confirmed sickle cell trait, in which a detailed pathological examination of the placenta was performed, the researchers found that all of the placentas had aggregates of sickled red blood cells in the intervillous space and decidual vessels.

In addition, 92% of the cases had evidence of meconium passage, suggesting hypoxia, and 50% had evidence of an ascending amniotic fluid infection.

There were frank placental infarcts in 16 cases and retroplacental hemorrhage in 11 cases.

There were 10 cases of intrauterine fetal demise (of which 4 were in the cases with infarction), and 1 neonatal death.

Intrauterine growth restriction occurred in 14 cases.

The investigation found a higher-than-expected rate of fetal loss, and no risk factors were noted other than the probability that sickling in the decidual vessels

resulted in decreased placental perfusion, Dr. Taylor said in the interview.

All patients in the study were African American, and the group's average age was 24 years.

The average gestational age at delivery was 30 weeks, and all the pregnancies had to be at least 16 weeks to be in the study. A total of 123 pregnancies were singleton gestations, and 8 were twin gestations.

Hypertension was present in 16% of cases. ■

Routine Echo Unneeded in Hypertensives

RENO, NEV. — Half of all pregnant women with hypertension have abnormal findings on echocardiography, but these abnormal findings did not predict differences in pregnancy outcomes, according to a study of 87 hypertensive patients.

Although some pregnant women with hypertension will require echocardiograms because of their clinical symptoms, the study suggests that routine echocardiograms are not indicated in otherwise asymptomatic women, investigators wrote in a poster presented at the annual meeting of the Society for Maternal-Fetal Medicine.

The study involved 87 pregnant women with hypertension seen over a period of more than 5 years in a single specialty clinic. The women underwent echocardiography, typically before 20 weeks of gestation, said Julie A. Gainer, D.O., of the University of Texas Southwestern Medical Center in Dallas, and associates.

Forty of the women (46%) had normal findings on echocardiography, and 47 (54%) had at least one abnormal finding. The most common abnormalities were concentric left ventricular hypertrophy, seen in 21 (24%) of the women; concentric left ventricular hypertrophy with a dilated left atrium, seen in 11 (13%) of the women; and dilated left atrium, seen in 12 (14%) of the women.

A comparison of women who had normal echocardiography results with those who had at least one abnormal finding revealed no significant differences in any measure.

The groups did not differ in any demographic variable, nor did they differ significantly in any of 10 measured pregnancy outcomes. These outcomes included the estimated gestational age at delivery, the proportion of women undergoing vaginal or cesarean delivery, the proportion with superimposed preeclampsia, and the length of their hospital stays.

—Robert Finn



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