Pregnancy in Amniotic Band Scarred Woman

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Abstract

Amniotic band syndrome is an uncommon syndrome. The incidence is 1:1,200 - 1:15,000 live births. This syndrome is variable malformation. Amniotic band scar of the abdomen seen in adulthood is rare. We managed a case of a 23 year-old pregnant woman who had suspected amniotic band scar of the abdomen since birth. The uterus could expand until term pregnancy despite no intervention. The healthy female baby was delivered by cesarean section because of obstetric indication. Both mother and baby were in good condition. She and her baby were well at six weeks follow-up. We know of no other reported case of maternal abdominal amniotic band scar who could continue pregnancy until term with good outcome.

Key word : Amniotic Band, Scar, Pregnancy

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Amniotic band syndrome is a rare collection of fetal malformations associated with fibrous bands that appear to entangle or entrap various fetal parts *in utero* leading to deforma tion, malformation or disruption[1]. The incidence is 1:1,200-1:15,000 live births[1,2]. The manifestations of this syndrome vary from mild to severe[1]. The lesions are both static and irreversible. The prognosis for survivors is variable[1,2]. Prognosis is good and life expectancy is normal for mildly affected infants with only minor defects[1]. We report a case of a pregnant woman with an amniotic band scar at the abdomen and with a successful pregnancy outcome.

CASE REPORT

A 23 year-old, G_2P_0 pregnant woman came to the antenatal clinic, King Chulalongkorn Memorial Hospital when she was 12 weeks

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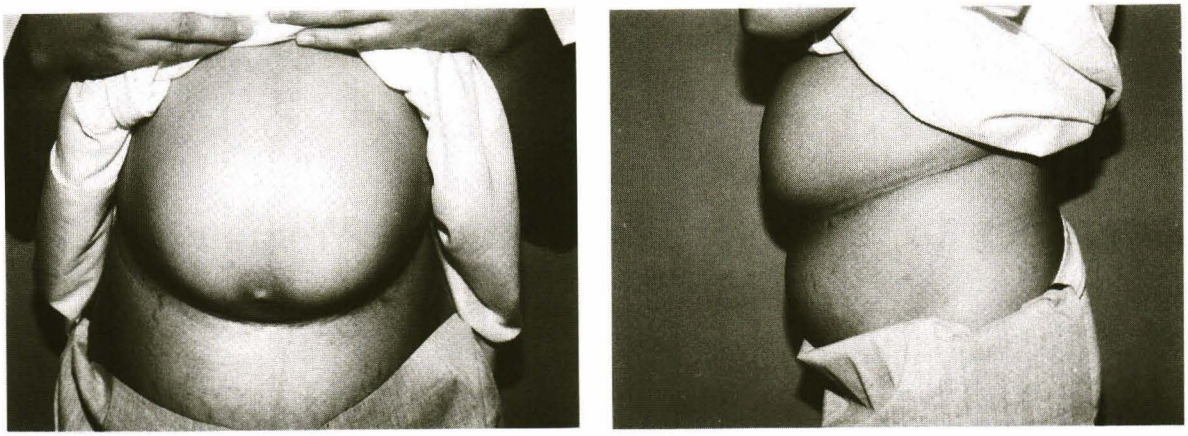

Fig. 1. Tight circumferential amniotic band scar at the waist.

pregnant. Since birth she has had a circumferential abdominal scar just below the umbilicus. She reported that this scar grew as she grew. Physical examination revealed a normal general appearance except for the circumferential abdominal scar at the waist just below the umbilicus (Fig. 1). Her height and weight were 143 cm and 49 kg, respectively. The uterus was palpated above the symphysis pubis, corresponding to the 12th gestational week. Other examinations were normal. Laboratory analysis at the first antenatal care gave the following results: hemoglobin 12.6 g/dL, hematocrit 38 per cent, mean corpuscular volume (MCV) 72.9 fentolitre, mean corpuscular hemoglobin (MCH) 22.6 pg, mean corpuscular hemoglobin concentration (MCHC) 31.0 g/dL, red cell distribution width (RDW) 19.9 per cent. Total and differential counts were normal. Platelet number was 257,000 cells/mm^3. The peripheral blood film showed normal red blood cell morphology. She was advised that this scar may affect her pregnancy and was prescribed antenatal multivitamins and iron supplement. She came to the antenatal clinic for every appointment. During the antenatal care, the fundus grew to a height lagging about two weeks behind the gestational age. Ultrasonography at the 25th gestational week showed a growth retarded fetus. She did not have pain at the scar or skin breakdown. She was advised to have a high protein diet and bed rest. Fetal monitoring showed no evidence of intrauterine asphyxia. The pregnancy continued to progress without further complications until the 41st gestational week, but no sign or symptom of labor occurred. Pelvic examination revealed an unfavorable cervix and narrow pelvis. The estimated fetal weight was 2,400 grams. Elective cesarean section was performed for this case due to unfavorable cervix. A midline lower abdominal incision was performed. Operative findings showed a normal uterus, and no constricting scar. A healthy female baby, small for gestational age, with a birth weight of 2,380 grams was delivered. The postoperative course was uneventful. The abdominal wall wound healed without complications. Six weeks postpartum, she and her baby were well.

DISCUSSION

Based on the literature review, there has been no report about amniotic band scars of the abdomen in pregnant women, but there have been many reports about the effect of a burn-scarred abdomen in pregnancy[3-10]. The effect is variable but the uterus is usually able to expand in even a severely burn-scarred abdomen without complications. We applied these reports

in the management of our case. Based on these literature reviews,[3-10] abdominal burn scars usually do not affect pregnancy, but they may cause some problems. The common problems are failure of the scar to stretch, maternal discomfort and occasionally scar breakdown. There have been many reports that a conservative approach will usually result in a good outcome[3-7]. The indications for surgery were maternal pain from the scar and obstruction of normal pregnancy development[8,10].

In our case, she had had the circumferential abdominal scar since birth. Her history and evidence suggested it to be an amniotic band scar. She continued her pregnancy until term without complications from the abdominal scar except for fetal growth retardation which was different from other reports[3-7,9,10]. We managed our case conservatively as described in previous reports[3-7] because rapid abdominal decompression may precipitate premature labor [8]. Neither maternal pain from the scar nor scar breakdown occurred. The pregnancy ended with a good result after cesarean section with obstetric indication. We know of no other report of an amniotic band scar of the abdomen in a mother who survived and could continue her pregnancy until term with good outcome.

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การตั้งครรภ์ในหญิงที่มีแผลเป็นจากแถบรัดจากแอมเนียน

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กลุ่มอาการ Amniotic band เป็นกลุ่มอาการที่พบได้น้อย อุบัติการณ์พบได้ 1:1,200–1:15,000 ของเด็กคลอดมีชีวิต กลุ่มอาการดังกล่าวก่อให้เกิดความพิการได้หลากหลาย แผลเป็นจาก Amniotic band ในผู้ใหญ่พบได้น้อยมาก คณะผู้รายงานได้ดูแลหญิงตั้งครรภ์อายุ 23 ปีที่มีแผลเป็นจาก Amniotic band บริเวณรอบท้องตั้งแต่กำเนิด มดลูกสามารถขยายตัวได้ปกติโดยไม่ต้องได้รับการผ่าตัดบริเวณแผลเป็นจนกระทั่งตั้งครรภ์ครบกำหนด มารดาได้รับการผ่าตัดคลอดบุตรทางหน้าท้องด้วยข้อบ่งชี้ทางสูติศาสตร์ มารดาและทารกปกติดีทั้งระยะหลังผ่าตัดและเมื่อตรวจติดตาม 6 สัปดาห์หลังผ่าตัด จากความรู้ของคณะผู้รายงานนั้นไม่พบว่ามีการรายงานหญิงที่มีแผลเป็นจาก Amniotic band สามารถตั้งครรภ์จนครบกำหนดและได้ผลดี

คำสำคัญ : แถบรัดจากแอมเนียน, แผลเป็น, การตั้งครรภ์

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