

ANALYSIS OF CLINICAL PRESENTATION OF PATIENTS WITH LASSA VIRUS DISEASE IN PREGNANCY

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INTRODUCTION

- The morbidity and mortality associated with Lassa fever is worsened in pregnancy due to the presence of some vulnerability factors in the pregnant woman.
- These factors have in many instances been attributed to the high affinity of the Lassa virus to fetal and placental tissues, as well as variations in clinical presentations.
- However, the clinical presenting features that predict survival or fatality remain unclear.

Objective

In this study, we investigated the presenting features in pregnant women with confirmed lassa fever disease, with a view to better inform clinical management algorithms and improve understanding of key variables associated with feto-maternal outcomes.

Materials and Methods

- This was a retrospective study of 28 pregnant women with PCR-confirmed Lassa Fever who were treated at Irrua Specialist Teaching Hospital, Irrua between January 2009 and March 2018.
- Bivariate analysis was used to compare clinical features (signs and symptoms) with maternal outcome, with statistical significance set at 5%.

Result

- The women were aged 16-39 years, with a mean age of 28.1 ± 5.1 years.
- Parity ranged from 0– 6, with a mean of 3.0 ± 1.6 .
- Gestational ages of the pregnancies ranged from 5-39 weeks with a mean of 21.6 ± 10.6 .
- The mean duration of symptoms before presentation was 6 ± 1 days among the survivors, and 10 ± 2 days among those who died.
- 92% of women presenting with viable pregnancy survived. Of this number, 85% delivered a live baby.

Maternal outcome in relation to clinical presentation

SYMPTOMS	No. (%) of women with symptoms(N =28)	No.(%) of survival N = 19	No. (of deaths) N = 9	P-value
Vomiting	12(42.9)	7(36.8)	5(55.6)	0.63
Abdominal pain	10(35.7)	4(21.1)	6(66.6)	0.82
Difficulty in swallowing	12 (43.0)	6(31.6)	6(54.5)	0.30
Retrosternal chest pain	19(67.8)	13(68.0)	6(66.7)	0.55

*significant

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Maternal outcome in relation to clinical presentation

SYMPTOMS	No. (%) of women with symptoms(N =28)	No.(%) of survival N = 19	No. (of deaths) N = 9	P-value
Painful Breast swelling/engorgement	13(46.4)	10(52.6)	2(22.2)	0.01*
Non-viable pregnancy	15(53.6)	7(36.8)	8(88.9)	0.01*
Cough	10 (35.7)	3(15.1)	7(77.8)	0.01*
Convulsion	8(28.6)	1(5.3)	7(77.8)	0.001*
Poor urinary output	8(28.6)	1(5.3)	7(77.8)	0.001*
Extra-vaginal bleeding *significant	7 (25.0)	0(0)	7(77.8)	0.001*

DISCUSSION...

- The findings in this study are similar to the experience reported from Sierra Leone. However, presentation with Painful breast swelling was a unique finding in this study and correlated with maternal survival at a p value of 0.01.
- The favourable maternal and fetal outcome associated with presentation with a viable fetus may indicate early presentation and less severe disease. This finding thus challenges the use of routine evacuation as a first line treatment in such circumstance.

Conclusion/Recommendation

- Extra-vaginal bleeding, oliguria, seizures and intrauterine fetal death are poor prognostic features in women with Lassa virus disease in pregnancy.
- Breast swelling and presentation with viable pregnancy are good prognostic features in terms of maternal survival, and we recommend conservative management in such circumstance

THANK YOU