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THE FIRST SUCCESSFUL PREGNANCY AND BIRTH IN A WOMAN WITH CYSTIC FIBROSIS IN CROATIA

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Objective:

INTRODUCTION

With the improvement in survival and quality of life of patients with cystic fibrosis, a matter of starting a family is coming into focus. Cystic fibrosis is often accompanied by infertility, and complications, so a close monitoring is advocated. In the recent years the morbidity and mortality of both mothers and children has been decreasing. It has also been shown that the pregnancy has little effect on lung function of the mother. Despite that, it is associated with multiple potential problems,

such as poor nutritional status, metabolic changes, psychiatric problems, and the safety of medications. Aditional issue is a nonadherence to the therapeutic regimes.

CASE REPORT

Here we present a case of a 24-year old woman with cystic fibrosis who is a first case of pregnancy since the establishment of the Cystic Fibrosis Center in Croatia.

The patient was diagnosed with cystic fibrosis at the age of 2 months. She has multiple comorbidities, and has been hospitalized several times due to disease exacerbation.

During the pregnancy, she visited pulmonologist only once, at 13 weeks. At the time, she suffered from intensified cough, and dyspnea. She was treated with multiple courses of antibiotics, and gained only 7 kg at the end of the pregnancy which eventually resulted in the postpartum fall in body mass index (BMI before pregnancy 24.39 kg/m2; 23 kg/m2 after delivery). Despite not taking any therapy, she gave birth vaginally to a healthy baby (birth weight 3250 g, birth lenght 52 cm).

Seven months after the birth, the patient reported an improvement in respiratory symptoms.

However, spirometry showed a significant decrease in lung function (FEV1 93 % prior to the pregnancy, and now FEV1 81 %), fall in blood vitamin E levels (from 17.3 umol/L to 10.5 umol/L), decrease in iron blood levels (16 umol/L to 7 umol/L), an increase in total iron binding capacity without apparent anemia, and the presence of bacterial airway colonization. She was advised to take antibiogram guided dual antibiotic therapy, as well as other necessary vitamin and enzyme supplements and inhalation therapy.

CONCLUSION

Pregnant women with cystic fibrosis are especially vulnerable. Pregnancy in this patient group poses a significant risk for both the mother and child, often resulting in cesarean birth, preterm delivery, and low birth weight even in mothers who are adherent to the therapy. Thus, pregnancies in cystic firbosis patients should be carefully planned and monitored to minimize postpartum complications.