

Multiple sclerosis in pregnancy- a case report

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ABSTRACT

Multiple sclerosis is primarily a disease of women in their reproductive years. Relapse rate decreases during pregnancy and rises after delivery. Pregnancy and puerperium have opposite effects on the course of the disease. The case presented is that of a second gravida who was a known case of multiple sclerosis. She was managed conservatively during pregnancy and puerperium.

Keywords: Multiple sclerosis, Pregnancy, Puerperium

INTRODUCTION

Multiple sclerosis (MS) is a chronic auto immune disease of the central nervous system that most commonly presents in the second to fourth decade of life. It primarily affects premenopausal women.^{1,2} Several studies show that pregnancy in MS patients is associated with a lower risk of progression and a lower risk of exacerbation, whereas the relapse rate increases during the first three months post-partum.³ There is no effect of pregnancy on the lifetime course of the disease and long term disability. Nearly 30% of all patients suffer from relapses during the initial three months after birth, and almost 50% during the first 6 months.⁴

CASE REPORT

A 28 year second gravida with h/o 8 months amenorrhoea came to the ANC for routine check-up. She had delivered normally previously with the child now being 4 years old. She was a known case of multiple sclerosis, diagnosed 6 years ago. The diagnosis was made clinically and based on MRI scan reports by the neurologist 6 years ago when she presented with lower limb weakness and difficulty in walking. She was put on steroids which she stopped on her own 4 years ago. Patient had c/o of difficulty in walking which was not progressive. Patient was afebrile, conscious and well oriented. On examination peripheral pulses were normal. Neurologically there was lower limb weakness. There was no sensory deficit. On per abdomen

examination uterus corresponded to 32 weeks, relaxed with cephalic presentation. Neurologist opinion was taken. She was not put on any medication and was asked to review with them after delivery. Patient was followed up frequently. She went into spontaneous labour at 38 weeks and delivered a live baby of weight. She was followed up for 6 months during which she did not have any relapse.

DISCUSSION

Multiple sclerosis is a chronic disease of the central nervous system. It is an unpredictable condition that can be relatively benign, disabling or devastating. There are many possible causes of MS, including viruses, auto immune disorders, environmental factors and genetic factors. In MS, the immune system commonly attacks its own nervous tissue. When the myelin layer is destroyed, communication becomes interrupted and ultimately parts of the nervous system are permanently destroyed.

Symptoms may appear in various combinations, depending on the area of the nervous system affected. Symptoms include muscle weakness in the extremities, difficulty with coordination, spasticity, fatigue, loss of sensation, speech impediments, bowel and bladder dysfunction. Pregnancy does not appear to speed up the course or worsen the effects of MS. Some studies have found that MS symptoms decrease in pregnancy and increase during the postpartum period.⁵ The disabling effects of the disease may make it difficult for the mother

to carry a pregnancy. There is no evidence that MS causes infertility. Studies have shown that pregnancy, delivery and congenital abnormalities are not significantly different in women with MS compared with those without MS.⁶

Women in labour may not have pelvic sensation and may not feel pain with contractions. Delivery of the baby may be difficult. While labour itself is not affected, the muscles and nerves needed for pushing can be affected. This may make caesarean section, forceps and vacuum assisted deliveries more likely. Pregnant women with MS need close monitoring of the disease and of fetal wellbeing. More frequent prenatal visits may be needed. There is no established treatment that alters the course of MS. However medications may be used in pregnancy including steroids and anti-inflammatory drugs.

Exacerbation rates tend to rise in the first three to six months postpartum and the risk of a relapse in the postpartum period is estimated to be 20-40%. Pregnancy is known to be associated with an increase in a number of circulating proteins and other factors that are natural immunosuppressants. Additionally, levels of natural corticosteroids are higher in pregnant than non-pregnant women.

SUMMARY

Pregnancy does not appear to be associated with an adverse outcome in multiple sclerosis. There is a consensus supporting the observation that the nine

months of pregnancy are associated with a reduction in the frequency of relapse, which is followed by an increase in the relapse rate in the six months postpartum. Currently available evidence for the use of immunosuppressive agents in pregnancy is limited. The use of analgesia during delivery for patients with multiple sclerosis has not been extensively evaluated but there is no substantial evidence to suggest an increased risk of relapse.

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