Chronic Myeloid Leukemia in Pregnancy

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A forty-two-year-old, Para 5, abortion 4, Bangladeshi woman was a known case of Chronic Myeloid Leukemia (CML). She was diagnosed with CML eight years earlier during her last pregnancy. Termination of pregnancy was advised because the total blood count was suggestive of exacerbation of her condition and due to the teratogenic potential of the therapy she had received in early pregnancy.

The termination was not approved because the current pregnancy advanced uneventfully to 22 weeks, ultrasonographic screening of the baby was normal, her general condition was stable, blood count was restabilized and the patient was hesitant to have a termination. The pregnancy progressed uneventfully and she delivered normally at 38 weeks of pregnancy.

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Leukemia during pregnancy is a rare condition. In Salmaniya Medical Complex (SMC), which is the main referral hospital in Bahrain, there has been, as far as we are aware of, only one case of leukemia in pregnancy during the last two decades. Chronic Myeloid Leukemia (CML) is one tenth of all leukemias in pregnancy, while the lymphocytic type is extremely rare.

The main challenges of dealing with such conditions are: the potential of immediate and long-term hazards of leukemia therapy to the fetus, such as the need for joint supervision by the obstetrician and the hematology oncologist, timing and mode of delivery and the postnatal care.

The aim of reporting this case is to highlight the difficulties encountered in dealing with such cases especially the patient’s health needs and treatment guidelines of CML during pregnancy.

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