Letter to Editor

Autologous blood reservation is vital for pregnant patient with intermediate thalassemia

Dear Sir,

The most important problem about intermediate thalassemia is difficulties to find compatible cross-matched blood. An independent transfusion intermediate thalassemia may require transfusion during pregnancy because of worsening anemia.[1] With regard to high alloantibodies in pregnancy, the possibility of transfusion reaction increases and in the case of emergency surgery it is difficult to find a compatible cross-matched blood. A known case of intermediate thalassemia: 30-year-old woman G3L2 gestational age of 38 week referred to Shahid Beheshti hospital in 2011, single alive fetus with breech presentation previous caesarian section with oligohydramnios, and past history of splenectomy. In her family history she had one brother with intermediate thalassemia who died at the age of 27 due to blood cancer. The patient's blood group was O^+ and hemoglobin was 8.5. Hematologist advised two units of O^+ only washed pack cell transfusion, which caused transfusion reactions (edema and dyspnea, fever, also hemoglobin decreased to 7.3). We could not find compatible cross-matched blood while fetus movement decreased and NST became nonreactive; hence, we prescribed 500 mg Methylprednisolone intravenous infusion in 4 h per 24 h for two times and IVIG 1 gr/kg for 2 days.[2] Oxygenation, bed rest, and hydration are recommended while waiting for compatible blood.

After 6 days, six units of filtered pack cell reserved with minimum reaction in cross match from her sister, cousin, and another person from blood bank; the patient had to undergo emergency caesarian section that resulted in a live birth neonate with good Apgar score. Also, there was no abnormal bleeding or complication during operation.

It is important for physicians in prenatal care period of these patients to reserve autologous blood in the case of need to rescue the mother and fetus.

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