PO 6 - WHEN THE MIRROR TELLS US ALL: BALLANTYNE SYNDROME, A CASE REPORT

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Mirror syndrome, also called Ballantyne syndrome, is a rare and potentially life-threatening condition for both mother and fetus, characterized by a triad of fetal hydrops, placentomegaly and maternal edema[1]. The pathophysiological mechanism remains unknown and multiple etiologies can lead to the syndrome[2]. An accurate diagnosis and prompt intervention can significantly impact fetal mortality and maternal morbidity[3].

A 38-year-old woman, in her second pregnancy at 30 weeks gestational age, with a late rhesus isoimmunization and fetal hydrops diagnosis, was admitted to the emergency department with hypertension and edema following an intrauterine blood transfusion. Acute renal injury, thrombocytopenia (48 x 10^9/L) and rapidly progressive hypertension motivated an emergent cesarean, under balanced general anesthesia. 1g Tranexamic acid, 2g fibrinogen and 2 platelets pools were administered. The estimated blood loss was 1000mL. A female newborn, Apgar score 5/7/8, 2540g, survived 4 hours and puerpera was transferred to the intensive care unit. Progression to hemorrhagic shock due to massive postpartum hemorrhage culminated with the need for a salvage hysterectomy hours later. A substantial recovery was observed, and the patient was discharged 14 days later.

Diagnosis might be challenging and relies on the recognition of both fetal and maternal findings. Interventions that correct fetal hydrops and labor induction are associated with improved fetal survival and reversal of maternal symptoms usually occurs after delivery. Nonetheless, complications may occur and impact maternal morbidity such that the level of care and support must be adequate throughout the perioperative period.

References:

1 - Case Rep Womens Health. 2019;23:e00122.

2 - Fetal Diagn Ther. 2010;27(4):191-203.

3 - J. Perinat. Med. 45 (9)(2017) 1013–1021.