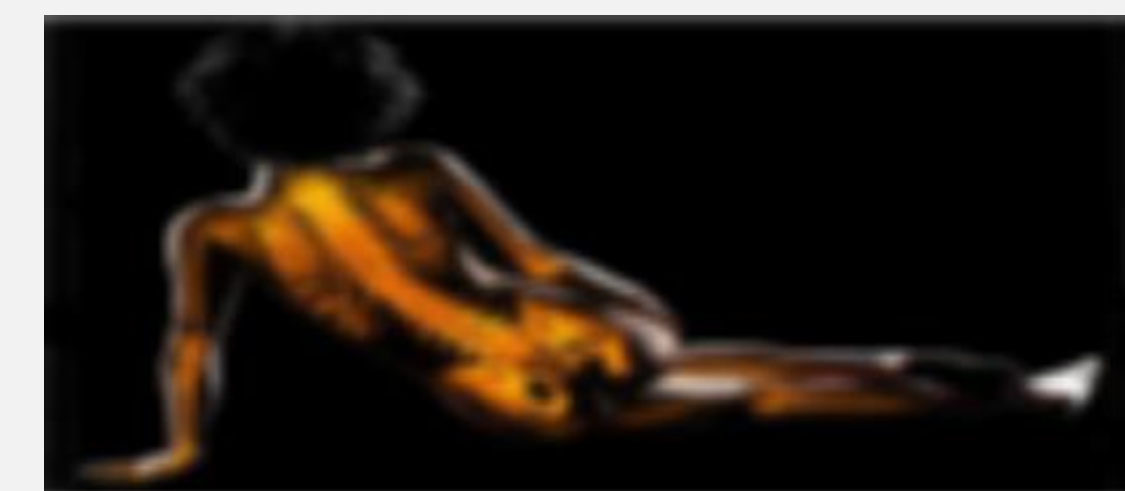


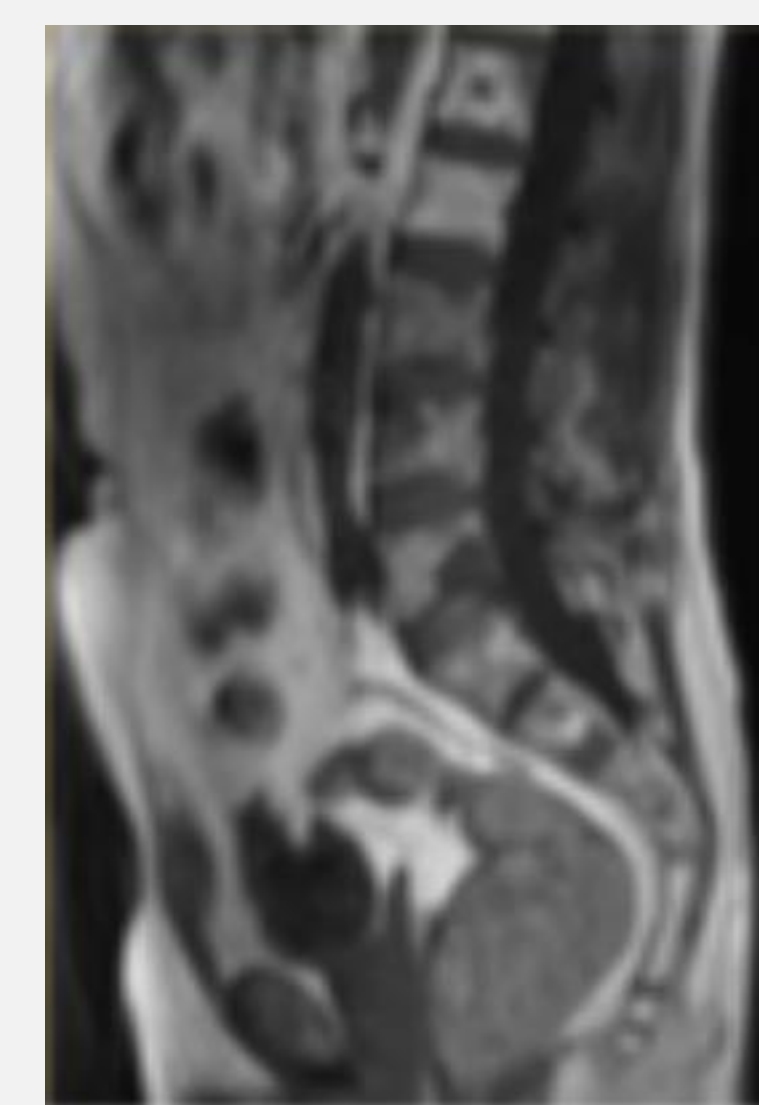
## Managing Pregnancy in the Presence of Hematologic Collapse: Two Case Reports



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- Introduction:** Hematologic malignancies and bone marrow failure syndromes during pregnancy are rare but present critical challenges. These disorders can endanger maternal life while exposing the fetus to potential complications from the disease itself and its treatment. The scarcity of literature and standardized protocols makes each case a unique therapeutic dilemma requiring individualized care.
- Keywords:** Pregnancy, Paroxysmal Nocturnal Hemoglobinuria, Aplastic Anemia, Multiple Myeloma, Amyloidosis, High-risk Pregnancy, Hematologic
- Case 1:** Aplastic Anemia and Paroxysmal Nocturnal Hemoglobinuria in Pregnancy Patient Information: A 25-year-old woman, blood group A+, primigravida, was followed for idiopathic aplastic anemia and paroxysmal nocturnal hemoglobinuria (PNH), with a history of multiple transfusions and osteonecrosis. Medical History: She had been treated with cyclosporine and equine anti-thymocyte globulin prior to pregnancy. Dexamethasone was also used for hematologic stabilization. Pregnancy Course: The pregnancy progressed to 35 weeks + 5 days under close multidisciplinary follow-up involving obstetrics, hematology, anesthesiology, and infectious disease specialists. The patient remained transfusion-dependent and at high risk of infections and thromboembolism. Delivery: A cesarean section was performed due to osteonecrosis and maternal hemodynamic concerns. Neonatal outcome was favorable. ---
- Case 2:** Multiple Myeloma Revealed During Pregnancy Patient Information: A 37-year-old woman, O+, G1P0, with a 4-year history of infertility (male factor) presented with persistent bone pain at 30 weeks of gestation. Initial evaluation raised suspicion of sickle cell disease due to vertebral compression fractures on MRI. Diagnosis and Management: Further investigations led to a diagnosis of stage III multiple myeloma (Durie-Salmon) and stage II by ISS classification, associated with cardiac amyloidosis. She received vincristine, adriamycin, and dexamethasone (VAD protocol) along with two units of packed red blood cells. She responded clinically with stabilization of her general condition. ---



**Discussion:** Both cases reflect the challenges of managing pregnancy in patients with life-threatening hematologic diseases. In the first case, PNH and aplastic anemia imposed a high risk of bleeding and thrombosis, whereas in the second case, multiple myeloma complicated by cardiac amyloidosis posed a risk of organ failure and maternal death. Timely diagnosis, multidisciplinary planning, and a tailored approach to therapy were essential to achieving a favorable maternal-fetal outcome. These cases highlight the importance of early referral, comprehensive counseling, and the delicate balance between maternal therapy and fetal safety.

**Conclusion:** These rare cases emphasize the necessity for individualized, interdisciplinary strategies in managing pregnancy complicated by hematologic disorders. With careful monitoring and collaboration, both maternal and neonatal outcomes can be optimized despite the gravity of the underlying conditions.

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