A lion's heart, a newly diagnosed case of radiation-induced heart disease (myocardial ischemia) in a multigravid previously treated for hodgkin's lymphoma: An interesting case.

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Description

Radiation therapy plays a pivotal role in the treatment of various thoracic malignancies. Radiation Induced Heart Disease (RIHD) is one long term toxicity which can offset the improvement in cancer specific mortality. Survivors of Hodgkin Disease are at a greater risk of RIHD because they have a relatively longer cancer specific survival. This is a case of M.M., a 26 year old G2P2 who underwent chemotherapy and radiotherapy at 19 years of age for Hodgkins Lymphoma. Seven years after, while on her second pregnancy, she was diagnosed to have Radiation Induced Acute Coronary Syndrome at 8 weeks AOG by EUTZ. She was exposed to high doses of antiplatelet and anticoagulant medications, and was subjected to a Coronary Angiogram revealing a 2-vessel disease thus a Percutaneous Coronary Intervention of the Left Main and Proximal Left Anterior Descending Artery was done. She was exposed to the teratogenic effects of x-rays and other medications during the first trimester of her pregnancy. She was able to deliver at 38 1/7 weeks AOG by EUTZ via Low Transverse Cesarean Section II to a live male neonate, BW 7 lbs 6 oz, AS 911955. She was able to bring her pregnancy to term without any compromise despite the exposure to treatment that could have otherwise compromised her pregnancy.

The prevalence of macrosomia (>3,999 g) has increased from 7.0% to 8.4%. The prevalence of Low Birth Weight (LBW) (<2,500 g) decreased, standing at 6.6%. The factors that determine more possibilities of LBW were maternal pathologies: preeclampsia (OR=4.80; CI 95%=4.57-5.05), previous hypertension (OR=2.11; CI 95%=1.96-2.27), hypertensive disease of pregnancy (OR=1.82; CI 95%=1.74-1.90). Inadequate controls (OR=2.29; CI 95%=2.20-2.39), low pre-maternal maternal weight (OR=1.65; CI 95%=1.58-1.74), maternal smoking (OR=1.36; CI 95%=1.32-1.40) and shorter duration of pregnancy (OR=2.52; CI 95%=2.50-2.55). The results also showed interactions: association between LBW and hypertensive pregnancy disease varies between gestation weeks (OR=1.07; CI 95%=1.03-1,11), the relationship with preeclampsia varies according to weeks of gestation (OR=1.05; CI 95%=1.01-1.11) and the number of controls (OR=1.04; CI 95%=1.01-1.06) Macrosomia was associated with type 1 diabetes (OR=2.21; CI 95%=1.86-2.61), Type 2 or Gestational (OR=1.78; CI 95%=1.70-1.87), obesity maternal (OR=2.33; CI 95%=2.24-2.43) and longer gestation duration (OR=2.62; CI 95%=2.53-2.72).

Sperm before reaching the last segment of the uterine tube known as the "home stretch" pass through the Utero Tubal Junction (UTJ), where various functions are performed, including chemotaxis, and hyperstimulation of sperm, which is part of the last signals necessary to activate the swim towards the ovule. In such a way, the tubal duct is where a series of functions are combined that allow fertilization, which start from the first gateway, in the cervical canal. Currently, it is not possible to document evidence of sperm cell ascent in the tubular canal using any technology. The only way to confirm this is by confirming an ongoing pregnancy. For this, it is necessary that the permeability of the tubal pathway is preserved and that the sperm are able to ascend through the genital tract.

Currently, the wide range of diagnostic tests for tubal patency facilitates a multidisciplinary and versatile approach, which allows an individualized and personalized approach to demonstrate the main function of the tubal segment; which consists of demonstrating tubal patency. In this context, the main diagnostic tests to assess tubal patency are reviewed.

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