

# EP 246 Challenges in Managing combined Anti D and Anti Inb isoimmunisation in pregnancy: A Case Report

Dr Shabnam K<sup>1</sup>, Dr Sujithra Devi<sup>1</sup>, Dr Dilip Maurya<sup>1</sup>, Dr Dibyajyothi Sahoo<sup>2</sup>, Dr Anish Keepanasseril<sup>1</sup>

1 Department of Obstetrics and Gynecology, JIPMER; 2- Department of Transfusion Medicine, JIPMER



## INTRODUCTION

- Hemolytic Disease of newborn commonly follows anti- D isoimmunisation.
- Presence of Inb antibodies is rare and it is challenging to find a matching donor for the mother and baby in such situations

## CASE HISTORY

- A 24-year-old third gravida with previous 2 CS with A negative blood group, presented at 18 weeks gestation with ICT 3+ (1:4 titres).
- Received both antenatal and postnatal RhDIg prophylaxis as both babies were A positive.

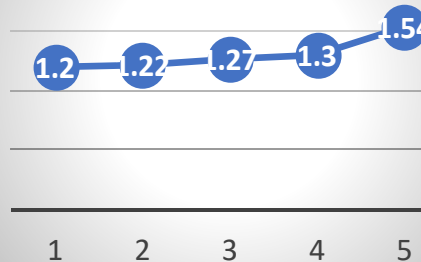
## EVALUATION

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| <ul style="list-style-type: none"> <li>• ICT pan-reactive 3 and 11 cell panel (suspicion of antibody against a high-frequency antigen)</li> </ul> | <ul style="list-style-type: none"> <li>• Molecular genotyping and antigen workup - A RhDneg and In(a+b-)</li> <li>• Family workup – Brother O RhDneg In (a+b-)</li> </ul> |
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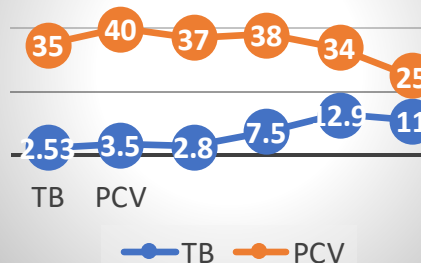
## MANAGEMENT

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| <ul style="list-style-type: none"> <li>• Monitored           <ul style="list-style-type: none"> <li>• Weekly anti-D and anti-Inb titres</li> <li>• Biweekly USG - MCA PSV and hydrops</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Titres increased to 1:32 and 1:128, MCA PSV 1.54 MoM at 34 weeks</li> <li>• Multidisciplinary team</li> <li>• Extensive search for donor – only donor available - brother</li> <li>• Autologous donation of 300 ml blood before CS</li> </ul> |
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**MCA PSV MoM**



**Baby TB, PCV**



## PROCEDURE

- Caesarean delivery
- No PPH
- Blood transfused back in immediate postop period.

## BABY

- Male baby, 1.8kg
- Baby- A Positive, DCT 4 + ; received phototherapy and blood transfusion with O Neg blood on PND3.

## DISCUSSION

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| <ul style="list-style-type: none"> <li>• The Indian blood group system comprises two antigens: In a and b</li> <li>• Anti In b Abs maybe produced - pregnancy or multiple transfusions</li> </ul> | <ul style="list-style-type: none"> <li>• Exact incidence not known</li> <li>• Abs are known to cause HTR</li> <li>• Not known to cause HDFN</li> <li>• Challenge to find matching donor</li> </ul> |
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## CONCLUSION

- A close follow up with ICT titres and MCA PSV and watch for fetal hydrops can help in timing delivery in combined Anti D and Anti Inb isoimmunisation.

## REFERENCES

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