

A Case report of shingles with pregnancy:

Department of Obstetrics and Gynecology, Shaqra General Hospital, Shaqra, Riyadh, Saudi Arabia

Roaa Mohamed Ahmed Elhaj, Specialist Obstetrics and Gynaecology, (MD, MRCOG),
Roahaddad2021@gmail.com

Khadeeja Yahya Othman, Specialist Obstetrics and Gynaecology,(MD, MRCOG)
Khadeejaosman2@gmail.com

Al-Sayed A. Abd-Elrahman, Assistant Professor Anatomy and Embryology, (Msc Pediatrics Ain Shams University) Sayed.master10@gmail.com

Khalid Mohamed Ahmed Ahmedoon (MD), Consultant Obstetrician and Gynaecologist,
Khalidahmedoon2@gmail.com

Objective:

During pregnancy, several infectious illnesses can manifest. The lack of cellular immunity in the mother can affect the development, clinical manifestation, and progression of several conditions throughout pregnancy. Reactivation of the varicella-zoster virus, also known as herpes zoster or shingles, is one of the rarest illnesses that can affect pregnant women. However, neither the mother nor the child are greatly affected by it. Because of the rare appearance of this infection, we present this case.

Case report:

A 31-year-old female G6 P4+ 1 was who presented with severe left-sided abdominal pain and a papular rash. She was diagnosed with shingles at 36 weeks of gestation. Her condition improved after receiving supportive care and an antiviral medication (Acyclovir). She had a successful vaginal delivery two weeks later. A healthy baby was delivered and was examined by the neonatologist.

Discussion:

After a varicella-zoster primary infection, the virus may reactivate to cause herpes zoster if it stays latent in the dorsal root ganglia. There is usually no transplacental infection and no viremia, with the exception of generalized herpes zoster. The mother possesses neutralizing antibodies against the varicellazoster virus, which is transferred to the fetus through the placenta. Certain maternal IgG class antibodies are present in newborns, and the varicella-zoster virus typically no longer spreads viremic. Pregnancy-related herpes zoster carries no appreciable dangers for the mother or child. Immunocompetent expectant mothers should treat herpes zoster symptomatically; systemic or topical antiviral medication is not advised.

Conclusions:

In contrast to chickenpox, herpes zoster during pregnancy does not raise the risk of congenital abnormalities above the average for that group. To lessen the chance of spreading the varicella-zoster virus to vulnerable pregnant women, those with herpes zoster should cover their lesions.

Biography:

1)Roaa Mohamed Ahmed Elhaj (Presenter)

MBBS (University of Khartoum), Clinical MD in Obstetrics and Gynecology (Sudan Medical Specialization Board), MRCOG, MSC Medical Education (Warwick University)

Email: Roaahaddad2021@gmail.com

Tel 00966559633151

Dr Roaa Elhaj, an Obstetrician and Gynaecologist graduate of Khartoum University. Obtained my clinical MD in Obstetrics and Gynecology from the Sudan Medical Specialization Board in 2020. Then I completed my full MRCOG in 2023 and obtained my GMC registration. I am currently working in Saudi Arabia.

2)Khadeeja Yahya Osman

MBBS(University of Medical Science and Technology), Clinical MD in Obstetrics and Gynecology (Sudan Medical Specialization Board), MSC in advanced Ultrasound in Obstetrics and Gynecology, MRCOG

Email: Khadeejaosman2@gmail.com

3)Al-Sayed A. Abd-Elrahman

Assistant Professor of Anatomy and Embryology(MD, MCS Anatomy), Diploma Pediatrics, MSc Pediatrics(Ain Shams University), Egyptian Board of Neonatology

Email: Sayed.master10@gmail.com

4)Khalid Mohamed Ahmed Ahmedoon

MBBS (Islamic University), Consultant Obstetrician and Gynecologist (MD Sudan Medical Specialization Board)

Email: Khalidahmedoon2@gmail.com