Letter to the Editor

The Journal of the Association of Physicians of Tamil Nadu,
Vol. 1, Issue 4, English Quarterly, October – December 2022

On Organ Donation Day

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1. I would like to share my experience with a young girl who came to me with a history of headaches for a few days.

   I had treated her a few years ago for a treatable ailment and she had recovered. This time around she had come with similar expectations. She had been married for 5 years and had not been able to conceive and was under treatment by her Gynaecologist who had put her on hormone treatment. She had a non-specific headache but it was significant enough to bother her. With the background history of hormonal use, new-onset headache and finding blurred disc on the fundus, I suggested imaging specifically, MRV considering the possibility of CVT (Cerebral Venous thrombosis). The MRI confirmed the diagnosis and we admitted her immediately starting her on LMW heparin, oral anticoagulants and supportive. She remained stable though she continued to have a headache. Her basic workup was normal including serum homocysteine. Her ophthalmic evaluation revealed papilloedema suggesting significant venous thrombosis and ICT. Unfortunately worsened with a drop in GCS and CT showed significant cortical venous bleed. Treatment was continued but she needed intubation and ventilatory support.

   Progressively the decline was rapid and she showed clinical features to suggest brain death. The necessary protocols were followed by the programme counsellor and ICU Intensivist. Following their acceptance of irreversible changes, a brain death protocol was followed. She was accepted for the transplant programme. Her death benefited several people. The irreparable loss and immense sorrow to the bereaved family including me cannot be described.

   I still remember, her last coherent words – Doctor can I conceive and become a mother I said yes.

2. Another young married girl came with a history of cough, pain chest left and occasional blood-stained sputum of 2-3 days duration. She was on treatment for the same. She was also anxious to conceive a young lady, having been married for 3 years and was under treatment by her Gynaecologist (Hormone treatment). She was evaluated extensively as clinical and radiological evaluation suggested ? Consolidation ? pulmonary infarction.

   A CTPA confirmed pulmonary embolism. The echo was normal. Venous Doppler legs – Normal. She was put on oral anticoagulants and was advised not to conceive. Her complete workup including autoimmune studies was negative. She completed a year of anticoagulants. Subsequently, she had a normal pregnancy and normal delivery. This was a happy fairy tale ending.

The take-home message:

1. Is there a need for a protocol for workup in those cases planned for hormone treatment?
2. There can be no replacement for organ donation and the need to highlight this among the families of unfortunate patients, who are probable candidates.