

## A Fatal Case of Pregnancy Complicated with Mumps.

BY

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IN November 1934 an epidemic of mumps broke out among the Gurkha troops in Shillong, which lasted for about four months. Altogether about 200 cases were treated in the Indian Military Hospital, Shillong.

Two women were affected. One of them was a primigravida, aged 19 years, in the eighth month of pregnancy. Her urine was free from albumin when it was tested about three weeks before the attack of mumps. There was no history to suspect any renal disease. On the fifth day of the attack of mumps her face appeared to be very full, the eyelids were swollen, and she complained of severe headache. The urine was diminished in quantity and loaded with albumin which turned solid on boiling. It was full of casts, mostly epithelial and granular. She was put on a mixture containing potassium citrate, and the diet was limited to fruits, sugar and water. The condition did not improve and she gave birth to a dead child on the eighth day. Oedema was increasing every day, and on the ninth day she was given large doses of urea by the mouth. Her condition did not improve and she died on the eleventh day.

*Commentary.* In all the subsequent cases of mumps (all men) the urine was tested for albumin and this was found in about 4.5 per cent of all cases, but in none did any untoward symptoms occur and the urine was clear within 10 days. Magi<sup>1</sup> reported two cases of mumps complicated with glomerular nephritis. From results of observation of dilution and concentration tests, he is of the opinion that glomerular nephritis is only a rare sequel of mumps, due to the infective nature of the disease in subjects who show special predisposition as regards their renal system. Box<sup>2</sup> mentions nephritis as a rare complication of mumps. Iviacoli<sup>3</sup> reports a case of diffuse glomerular nephritis in a slightly sclerotic kidney with progressive functional insufficiency revealed after the parotitic process.

These facts show that the kidneys are liable to be affected by mumps. In a healthy kidney the damage is usually not enough to produce untoward effects, but with a slightly damaged kidney or kidneys which are being worked hard and/or overstrained due to the effects of pregnancy, the attack of mumps may precipitate acute nephritis.

I could find reports of only two other cases of pregnancy complicated with mumps from the literature. In the first,<sup>4</sup> the pregnancy ended in miscarriage. The other, reported by Moore,<sup>5</sup> the patient was 25 years of age, and developed mumps in the seventh month of her second pregnancy. Prodromal symptoms were very severe with high temperature, vomiting, cyanosis and collapse. A month later she gave birth to a dead foetus showing signs of commencing maceration. The puerperium was uneventful.

*Conclusion.* It appears that mumps though rare in pregnancy is a very serious and grave complication and every precaution should be taken to prevent the onset of acute nephritis. The nephritic condition may progress with alarming rapidity causing death of the foetus and may prove fatal for the mother as well.

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REFERENCES.

1. Magi, C. *Clinics Pediatrica*, 1933, xv, 744.
2. Box, C. R. "Practice of Medicine," Price, 1934.
3. Iviacoli, I. *Gior. Med. D. Alto Adige*, 1932
4. Reported in *Bull. Soc. d'Obstét. et Gynécolog.*, 1929, xviii, 410.
5. Moore, J. H. *Journ. Amer. Med. Assoc.*, 1931, xcvi, 1625.