A fertile woman with Kartagener's syndrome and three consecutive pregnancies

Dear Sir,

The classic triad of symptoms of Kartagener's syndrome is recurrent rhinosinusitis, bronchiectasis and situs inversus, caused by a generalized disorder of ciliary motility (Afzelius, 1976). It appears that if Kartagener's syndrome exists, pregnancy is hard to achieve and if pregnancy exists then Kartagener's syndrome is unlikely. Male sufferers of this syndrome are almost invariably infertile (Camner et al., 1975), whereas in women although fertility is also impaired, it is never completely absent (Afzelius and Eliasson, 1983).

A woman with Kartagener's syndrome, as proven by electron microscopic examination of bronchial cilia, spontaneously conceived three consecutive pregnancies. She had a normal pregnancy, with no need for special care other than treatment with a mucolytic suspension. There were no signs of lung infection on her regular clinic visits. At 40, 40 and 39 gestational weeks, each pregnancy ended with the vaginal delivery of normal neonates, each with an Apgar score of 9 and 10 at 1 and 5 min. The newborns' weights were appropriate for gestational age. Unfortunately we were unable to provide any prenatal diagnosis, but the children are all in good health.

A wide range of histological abnormalities exist in the genital tract of a patient with Kartagener's syndrome: the dynein arms of the cilia are partially or completely missing in most cases of Kartagener's syndrome (Afzelius and Eliasson, 1983). Lurie et al. (1989) found various microtubular abnormalities in 218 Fallopian tube ciliary cross-sections. Absolute immotility of the cilia was found in the reproductive tract of a woman with Kartagener's syndrome who did not conceive (McComb et al., 1986). In two reports of pregnancies in women suffering from Kartagener's syndrome, the cilia were devoid of dynein arms in the endocervix (Bleau et al., 1978), and Fallopian tubes (Jean et al., 1979).

Naturally, most investigators have focused on the fertility, or lack of it, in Kartagener's Syndrome, and not on the gestational course. In the woman presented here, there was no aggravation of the lung disease during pregnancy, and no adverse impact on the fetus. Kartagener's syndrome can affect fertility to various degrees, and these women should be counselled accordingly, but should be encouraged by the possibility of conceiving and an ordinary course of gestation.

References


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Ectopic pregnancy and seasonality

Dear Sir,

We read with great interest the letter on seasonality in ectopic pregnancy by James (1994) and the preceding article by Coste et al. (1994), suggesting significant seasonality in ectopic pregnancy in their data.

We have also studied the seasonality of ectopic pregnancies in Turku, Finland, in 1983 during the so-called ectopic pregnancy 'epidemic' in Finland during the early 1980's (Makinen 1987). We failed to find a significant seasonality in ectopic pregnancies, as did Warren et al. (1986) previously. Nor was an association found between ectopic pregnancies and the moon cycle. A slight increase in the acute manifestations of this disorder took place in late July in relation to deliveries which in contrast subsequently rose some seven months later (Figure 1). However, both of these increases were correlated with the level of conceptions which are concentrated in May and June in Finland (Kauppila et al., 1988).

Although we agree with Coste et al. (1994) on the need for stimulating debate of all matters of ectopic pregnancy, we do not believe that the key to understanding the aetiology of this condition is its seasonal occurrence.

References


Figure 1: Ectopic pregnancies (EP) and deliveries in 1983 and 1984 in Turku University Central Hospital.

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Letters to the Editor


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