



Extremely rare case of Cogan's syndrome complicating pregnancy

Jain, N, Mani, M,
Hornsby Ku-ring-Gai Hospital, NSW
Neeta.Jain@health.nsw.gov.au



Introduction

Cogan's Syndrome (CS), was first described in 1945 by David Cogan¹, is a multisystem disease that mainly arises in children and young adults, likely autoimmune origin.² It is characterised by audio-vestibular symptoms, ocular symptoms and 30% may have systemic symptoms like fever, neurological or cardiovascular disease. Diagnosis is of exclusion after infectious cause like syphilis is excluded.

Case report

NA was a 33 year old G5 P0, 4 previous terminations presented to antenatal clinic at 32 weeks gestation. She had an uncomplicated pregnancy. NA was diagnosed with Cogan's Syndrome 12 years ago. Her clinical symptoms included sensorineural hearing loss bilaterally,

visual blurring, interstitial keratitis and scarring. She had no cardiac or neurological deficits. Serology, nuchal translucency, FTSS and morphology scans were all within normal range. A baseline echocardiogram demonstrated an EF of 50-55%. She had no exacerbations of her symptoms during pregnancy. She was induced at 40 weeks and had an uncomplicated assisted instrumental delivery for standard obstetric indication.

Conclusion

This is the fourth reported case of Cogan's Syndrome in pregnancy. Due to the unpredictable nature of autoimmune conditions during pregnancy, monitoring and prompt treatment for worsening of symptoms is mainstay in the management of CS and in general all other autoimmune conditions in pregnancy.

	Currie et al	Deliveliotous et al	Tarney et al	Mani et al
Age	33	39	24	33
Medication	Hydroxychloroquine BD 200mg	Steroids drops for 3 weeks (12-15/40)	None	None
Serum analysis	N/A	ANA +VE	ANA +VE & p-ANCA +VE	N/A
Change in symptoms	No change	Interstitial keratitis	Subjective improvement	No change
Timing of delivery	IOL 38/40 for oligo	SVD 38/40	IOL 40+5	IOL39+5
Mode of delivery	LSCS for FTP	NVD	LSCS - Fetal distress	Forceps
Postnatal	None	None	None	None

1. A Shifty diagnosis: Cogan's Syndrome. A case report and review of the literature. 2009. Volume 29, Issue 2, pages 108-113. Migliori G, Battisti E, Pari M, Vitelli N, Cingolani C. Acta Otorhinolaryngol Ital
2. Atypical Cogan's Syndrome presenting as bilateral endogenous endophthalmitis. Clinical and Experimental Optometry. 2014. Volume 97, pages 87-89