



International Journal of Medicine and Health Profession Research

Journal home page: www.ijmhpr.com

<https://doi.org/10.36673/IJMHPR.2024.v11.i02.A06>



MIRROR SYNDROME: A RARE PREGNANCY COMPLICATION

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ABSTRACT

The term "mirror syndrome" describes how foetal hydrops and maternal oedema are comparable. It was initially described by John William Ballantyne in 1892. Because the mother's symptoms are similar to the fetus's the condition is known as "mirror syndrome." The mother experiences fluid accumulation in the same way as the baby does. The syndrome is particularly unusual and worrisome because of this mirrored effect.

KEYWORDS

Mirror syndrome, Fetus's condition and Rare pregnancy complication.

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INTRODUCTION

DEFINITION

Mirror syndrome, sometimes referred to as Ballantyne syndrome, is an uncommon but potentially dangerous pregnancy condition. This syndrome is defined by the presence of maternal symptoms that resemble anomalies or discomfort in the foetus. Obstetricians are interested in this uncommon phenomena because it only happens in less than 1% of pregnancies. Let's examine this fascinating but difficult part of pregnancy in more detail. Abnormal fluid collections in at least two bodily cavities were considered to be a sign of foetal hydrops.

Etiology

It's unclear exactly what causes mirror syndrome. But it's frequently linked to serious foetal diseases like infections, cardiac issues, or chromosomal

abnormalities. Several variables are believed to be involved, but the assumption is that the mother's body responds to the fetus's distress: Abnormalities of the placenta: Fluid imbalances and oedema may result from issues with the structure or function of the placenta.

Foetal infections

A newborn may have fluid accumulation as a result of certain infections.

Genetic conditions

Mirror syndrome risk may be elevated by certain genetic abnormalities.

Autoimmune diseases

Rarely, the syndrome may be exacerbated by the mother's autoimmune conditions.

Malformations of the foetus.

Metabolic conditions

Mirror syndrome can result from the maternal reaction to a fetus that has hemoglobin barts disease due to inherited double alpha thalassemia trait (alpha thalassemia major) from both parents. It can be associated with parvovirus B19 infection and with twin-to-twin transfusion syndrome.

SIGN/SYMPTOMS

Mirroring symptoms is a hallmark of mirror syndrome. The mother may also develop swelling (oedema) if the foetus has oedema (fluid buildup). Below is a list of comparable symptoms:

Foetal hydrops

A buildup of fluid in two or more foetal compartments that causes the foetus to seem enlarged.

The placenta, which feeds the infant, swells when there is placental oedema.

Maternal oedema

When there is an excessive accumulation of fluid in the mother's tissues, the face, hands, feet, and legs swell.

The mother's albuminuria, often mild Unusual preeclampsia

DIAGNOSTIC EVALUATION

Recognising that the mother's and the foetus' symptoms mirror one another is necessary to diagnose mirror syndrome. It is essential to use

ultrasounds and other diagnostic techniques to keep an eye on the health of the foetus. Additionally, there may be elevated maternal blood pressure and urine protein. Usually, doctors will employ a number of tests, such as:

Ultrasound

To check the placenta and check for symptoms of hydrops in the infant. Amniotic fluid collection for genetic testing is known as amniocentesis.

Blood tests

To look for underlying illnesses and infections in the mother.

DIFFERENTIAL DIAGNOSIS

The controversy around the topic and the variety of nomenclature used reflect the difficulty in differentiating (or not) between preeclampsia and mirror syndrome. Mirror syndrome appears to be a manifestation of the extreme severity of the fetus-placental disease and it is much more likely that an aetiology of severe foetal hydrops may induce the condition when the foetal status significantly worsens.

Aspartate transaminase, alanine transaminase, haptoglobin, and platelet count are often unaltered and can be utilised to differentiate between HELLP syndrome and mirror syndrome.

TREATMENT

Mirror syndrome typically results in the death of the foetus or newborn. On the other hand, preeclampsia is the only condition in which mothers are involved. Managing the symptoms, treating the underlying foetal problems and increasing the likelihood of a healthy pregnancy are the main goals of the treatment. This could include:

Hospitalisation

Mother and child must be closely watched.

Drugs to treat any underlying infections, lower fluid accumulation, and regulate blood pressure.

Delivery

In certain situations, an early delivery-even if it is premature-may be required to preserve the baby's life if the foetus is in distress. The health of the mother and the foetus must be carefully considered before making this choice.

PROGNOSIS

The prognosis depends on the severity of the underlying fetal conditions. Prompt diagnosis and intervention can improve outcomes for both the mother and the baby.

PSYCHOLOGICAL IMPACT

For expectant moms, coping with mirror syndrome can be emotionally taxing. The problem is made more complicated by the psychological effects of witnessing their own health deteriorate as a result of the fetus's condition.

CONCLUSION

For expectant parents, receiving a mirror syndrome diagnosis can be a terrifying and perplexing experience. Mirror syndrome is uncommon, but when it does occur, it highlights the complex bond between a mother and her foetus. For prompt intervention and the best possible outcome for the health of the mother and foetus, it is essential to comprehend this syndrome.

ACKNOWLEDGEMENT

The author wish to express their sincere gratitude to Department of Obstetrics and Gynecological Nursing, Gautam College of Nursing, Hamirpur, Himachal Pradesh, India for providing necessary facilities to carry out this research work.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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Please cite this article in press as: Neeta Thakur. Mirror syndrome: A rare pregnancy complication, *International Journal of Medicine and Health Profession Research*, 11(2), 2024, 40-42.