

## Care of obstetrics patients with concomitant cancer (Editorial)

Pregnancy is an important phase during a woman's reproductive lifetime. With it comes, joy, expectations, challenges and a new chapter of life; all brought forth to bear.

Whereas most pregnancies will start and end with minimal to no complications, some pregnancies are often complicated and compounded with medical hurdles such as diabetes, hypertension, preeclampsia, antepartum bleeding, preterm labour, and other medical or surgical challenges. In very rare circumstances, cancer may complicate an otherwise uneventful pregnancy (1). Cancers that are commonly diagnosed during pregnancy include cervical, breast, melanoma, lymphomas, and leukemias (2). Diagnosis of cancer during pregnancy is a nerve-wracking experience, not only to the concerned woman but also to the managing doctor, oncologist, and neonatologist.

Mugambi *et al.*, in their case, published in this issue, have reported a rare soft tissue tumour that got worse during pregnancy and finally led to the demise of the mother in the postnatal period. Diagnosis of cancer in pregnancy may be delayed as a result of its presentation being masked by pregnancy symptoms. It is through this kind of reports that all medical personnel managing pregnant women are cautioned to be especially vigilant.

Although cancers during pregnancy are a rare occurrence, their consequences are disastrous if not properly addressed. Pregnancy may enhance malignant proliferation via Tr1 regulatory cells pathways environment based on similar immunological mechanisms in pregnancy and in cancer biology (3). As the authors correctly pointed out, aggressive cancer in pregnancy should assertively be tackled with surgery, chemotherapy or radiotherapy. While managing these patients, these four fundamental points should be abided to sequentially; life

of the mother comes first, attempt to treat curable cancer via the best modality allowed, try to protect the fetus and newborn from harmful effects of cancer treatment, and attempt to retain the mother's reproductive system intact for future gestations (4). This means that fetal life, at times, may be put in danger in order to preserve the life of the mother. While we lack well-defined guidelines on the management of such patients, in my view, it is time to have paradigmatic and clear algorithms for the care of patients with suspected malignancy in order to protect patients from losing precious intervention or treatment time at the hands of primary care physicians. Well-timed involvement of a multidisciplinary team helps to alleviate the suffering of these patients. Obstetricians and other care givers should always be on the look out!

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### References

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