

# Suid-Afrikaanse Tydskrif vir Geneeskunde

## South African Medical Journal

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EDITORIAL

### TERAPEUTIESE VRUGAFDRYWING EN RUBELLA

Dit is reeds 'n paar jaar lank bekend dat die virus van rubella ernstige skade aan die ongebore vrug kan berokken, veral as die moeder binne die eerste drie maande van haar swangerskap Duitse masels kry. Vandag weet ons dat 'n hele paar afwykings in die aangetaste baba aan hierdie oorsaak gewyt kan word. Een van die algemeenste van hierdie gebreke, en inderdaad die eerste een wat beskrywe is, is aangebore blindheid, en sedert hierdie verskynsel deur Gregg<sup>1</sup> onder die aandag van die beroep gebring was, is dit bevind dat ander defekte ook veroorsaak word deur die beskadigende uitwerking van die rubella-virus op die ontwikkelende vrug.<sup>2</sup>

Hierdie verslae het by die verwagte moeder die vrees gewek dat 'n gebrekkige kind gebore mag word, en as gevolg hiervan het daar 'n sterk neiging ontstaan om aan te beveel dat terapeutiese afdrywing uitgevoer word op vroue wat gedurende hul swangerskap aan Duitse masels gely het, veral as die siekte binne die eerste drie maande voorgekom het. 'n Hele paar van hierdie terapeutiese afdrywings is uitgevoer. Onlangs is daar egter 'n noukeuriger studie gemaak van die voorkomssyfer van fetale misvorming volgend op rubella gedurende die swangerskap, en dit is bevind dat misvorming glad nie onvermydelik op so 'n siekte volg nie; die voorkomssyfer van gebreke weens hierdie oorsaak is, intendeel, maar gering. In 'n onlangse ondersoek insake die voorkomssyfer van hierdie kondisies, het Greenberg *et al.*<sup>3</sup> heelwat moeilikheid ondervind om akkurate gegewens in te samel. Hulle het die voorkomssyfer by 104 vroue wat in die eerste trimester van hul swangerskap Duitse masels gekry het, bereken. Uit die 104 vroue was daar drie wiese babas liggaamlike gebreke getoon het. Uit die res het 28 moeders die lewe geskenk aan normale babas; 3 se babas is doodgebore; 15 s'n was nie lewensvatbaar nie; 48 moeders het terapeutiese vrugafdrywing ondergaan; en 10 moeders kon nie opgespoor word nie. Die ondersoekers het opgesom dat die voorkomssyfer van aangebore afwykings onder die lewende babas gebore uit vroue wat in die eerste drie maande van swangerskap rubella gehad het, 9.7% was, en in 'n soortgelyke ondersoek elders van swanger vroue wat nie die siekte deurgemaak het nie, was die voorkomssyfer 7%. Die outeurs meen dat die hoë voorkomssyfers wat deur vroeër skrywers aangegee is, gebaseer was op studies uitsluitlik van misvormde babas, en dat hulle nie rekening gehou het met die normale babas nie, wat dan ook nie in hul studies in aanmerking geneem was nie. Hulle het tot die slotsom gekom dat die deur die bank aanbeveel van terapeutiese afdrywing by vroue wat vroeg in hul swangerskap rubella gehad het, nie medies geregtig kan word nie.

Totdat die resultate van veel meer uitgebreide en volledige navorsing beskikbaar is, sal 'n mens maar twyfel aan die soort raad om te gee, maar meisies moet sekerlik aan rubella blootgestel word op 'n jong ouderdom sodat die gevaar heeltemal vermy kan word.

### THERAPEUTIC ABORTION AND RUBELLA

It has been known for some years that the virus of rubella is capable of causing serious damage to the foetus, especially if the mother contracts German measles in the first trimester of her pregnancy. A number of defects in the affected infant are now recognized as being due to this cause. One of the commonest of these defects, indeed the earliest described, is congenital blindness, and after this phenomenon had been brought to the notice of the profession by Gregg,<sup>1</sup> other defects were traced to the harmful effect of the rubella virus on the developing embryo.<sup>2</sup>

These reports have engendered a dread in the mother that a malformed child might be born, as a result of which there has been a strong tendency to recommend that a therapeutic abortion should be carried out on women whose pregnancy has been marked by an attack of rubella, particularly if the attack took place in the first 3 months, and not a few of these therapeutic evacuations have been performed. Recently, however, closer assessment has been made of the frequency with which foetal malformations follow rubella in pregnancy, and it has been found that, far from malformations being inevitable after such an attack, their frequency is not even high. In a recent investigation into the frequency of these conditions, Greenberg *et al.*<sup>3</sup> have had great difficulty in obtaining exact figures. They have assessed the frequency in 104 women who contracted rubella in the first trimester. Of these, 3 babies were born with deformities. Of the remainder, 28 mothers gave birth to normal infants, 3 to stillbirths, and 15 to non-viable foetuses; 48 underwent therapeutic abortions; and 10 mothers were untraced. The investigators concluded that 'the incidence of congenital malformations among the live babies born of women with rubella during the first trimester of pregnancy was 9.7%, and in a similar study elsewhere of pregnant women who did not contract rubella the incidence was 7%'. The authors maintain that the high rates recorded by earlier authors were based on restrictive studies of malformed infants and did not take account of babies which were born normal and which were therefore not included in the study. They concluded, too, 'that blanket advocacy of therapeutic abortion in pregnant women who developed rubella during the early months of pregnancy is medically unjustified'.

Until the results of very much larger and more complete investigations are available, there must be a certain dubiety about what advice should be given, but there can be no doubt that young girls should be exposed to rubella at an early age, so as to avoid the risk entirely.