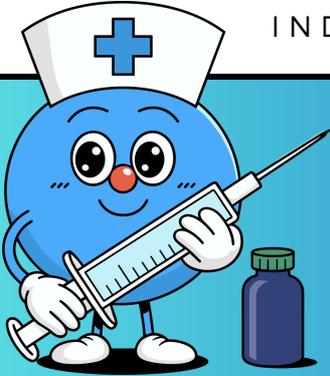


INDORE · 2025 · UPDATE 15



WHERE MEDICINE MEETS MIRACLE:

The Story of a Mother's Courage

Kidney failure during pregnancy is one of the most formidable intersections of medicine, physiology, and fate. When the body's vital systems begin to collapse, survival itself becomes uncertain. In this case, the lives of a young mother and her twin fetuses hung continuously between hope and despair—a battle fought minute by minute inside the ICU, dialysis unit, and operating room.

A STORM AT 18 WEEKS: THE BEGINNING OF A FIGHT

At just 18 weeks of gestation, the patient presented with acute kidney injury secondary to sepsis, further complicated by DIC, acute hepatitis, and acute liver failure. Blood cultures isolated *Burkholderia cepacia*, most likely originating from acute left-sided pyelonephritis.

Her renal function deteriorated rapidly into complete anuria, necessitating:

- Urgent hemodialysis
- Broad-spectrum antimicrobials
- Aggressive hepatic support

A subsequent renal biopsy confirmed Acute Renal Cortical Necrosis—a diagnosis known for its grim prognosis and minimal likelihood of renal recovery. It implied lifelong dialysis or eventual renal transplantation.

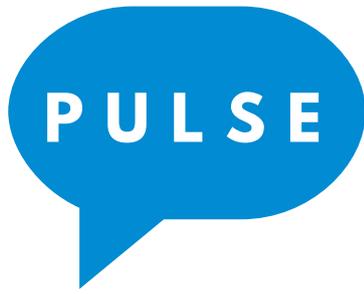
She was offered termination of pregnancy for maternal safety versus continuation at extremely high risk, including the possibility of maternal mortality.

Most people might have chosen termination.

- **But she chose differently.**
- **She chose hope.**
- **She chose motherhood.**
- **She chose to fight.**

Do we know what the true hope is?

Hope is where you expect something, and you keep fighting against all odds. You may tire, you may tremble, you may fall, you may cry, you may get depressed, you may fear losing life, but you keep going only for one feeling that you have— THAT IS HOPE
HER HOPE WAS IN HER WOMB.



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DIALYSIS-DEPENDENT PREGNANCY: A BATTLE FOUGHT DAILY



Dr. Suny Modi explains:

“Dialysis during pregnancy is one of the most physically taxing and emotionally draining journeys a patient can endure.

“She underwent **daily high-risk hemodialysis sessions**, each carrying significant maternal and fetal risk. Every session was a negotiation with life.

At **24 weeks**, disaster struck. Immediately after dialysis, the patient suffered a **sudden cardiac arrest**. She was successfully resuscitated, and even in the shadow of a near-fatal event, she reaffirmed her unwavering decision—**she wanted to continue the pregnancy**.

For the next three months, she fought through nightly dialysis, worsening jaundice, crippling fatigue, breathlessness, and the psychological weight of uncertainty—all while protecting two tiny lives within her.

At 18 weeks’ gestation, the estimated fetal weights were 208 g and 221 g, respectively. Despite ongoing maternal dialysis, serial ultrasonography demonstrated sustained intrauterine growth, with fetal weights increasing to 988 g and 1,130 g by 30 weeks’ gestation.

A HIGH-STAKES DELIVERY AND TWO MIRACLES

By 30 weeks, deteriorating hepatic function and escalating jaundice necessitated an urgent preterm delivery. After administration of antenatal corticosteroids for fetal lung maturity, she underwent a high-risk LSCS, giving birth to:

Baby Boy — 835 g
Baby Girl — 1011 g



POSTPARTUM RECOVERY AND THE ROAD AHEAD

The mother is now clinically stable. Dialysis frequency has reduced to twice weekly, and preparations for a future renal transplant are underway. Her recovery mirrors the spirit that carried her through the storm—quiet but unwavering.

Against overwhelming odds, both babies were finally discharged home—now growing, thriving, and surrounded each day by the love of their family, a living testament to resilience, hope, and the power of compassionate care.

A TESTAMENT TO COURAGE AND CLINICAL EXCELLENCE

Dr. Suny Modi reflects:

This case underscores the extreme complexity of managing fulminant renal and hepatic failure in a twin pregnancy. Beyond the medical challenges, it stands as a powerful testament to a mother's unyielding will to protect her unborn children. At the same time, it highlights the indispensable value of a multidisciplinary team—where nephrology, obstetrics, pediatrics, pediatric intensive care, and critical care come together to transform near-impossible odds into a miracle.

