

Recurrent cholestasis in pregnancy

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Objective

Cholestasis in pregnancy (ICP) occurs in about 1 in 1000 pregnancies. It is a condition in which the normal flow of bile is affected by the increased amounts of pregnancy hormones. It is diagnosed when the total bile acids (TBA) or serum bile acids are above 10 micromol/L. There is a high chance of recurrence in a future pregnancy (45–90 %).

Methods

A 27 year old in her second pregnancy attended for routine checkup. Last menstrual period (LMP) was 18/03/2018. Previous child was delivered by caesarean section (CS) at 38 weeks for intrauterine growth restriction (IUGR) and pruritus. Baby weighed 2.6 kg. She had a history of hypothyroidism on Eltroxin 50 mcg and a family history of gestational diabetes and pruritus in pregnancy in her mother. On her subsequent visit at 30th weeks she complained of spotting which stopped the same day. A week later at 32 weeks, she complained of severe itching, including the palms and soles, with loss of appetite and nausea. Symptomatic treatment was prescribed. Liver function tests (LFTs) were abnormal with bile acid report delayed for 10 days which was very high (50.5 µmol/l) suggesting severe cholestasis of pregnancy. She was prescribed Ursodeoxycholic Acid 250mg three times daily along with Diazepam 5mg daily for insomnia. Ultrasound (USS) reports suggested IUGR with increased pulsatility index (PI) in the umbilical artery (UA). After a week, USS suggested IUGR, with oligohydramnios. In view of severe itching and impaired LFTs, CS was performed at 34 weeks 6 days. A male baby 2170 grams was delivered with good Apgar scores. She was discharged home on day 3 postnatal. Follow up after 3 months showed normal liver function test and total bile acids 8.7 µmol/l.

Results

A diagnosis of cholestasis can be made by doing a complete medical history, physical examination, and blood tests that evaluate liver function, bile acids, and bilirubin. Some authors claim that the research is not conclusive regarding such a high risk of recurrence. In this case, the bile salt was more than 50 for few weeks as the result was not available. This shows that in cases of prematurity close observation is required rather than early delivery.

Conclusion

Maternal outcomes are good, however, fetal outcomes can be devastating. Thus, early recognition, treatment, and timely delivery are imperative. It remains controversial whether it is a recurrent problem. However, genetic etiology has a strong predisposition.

05/11/2018		18/11/2018	
TOTAL BILE ACIDS	50.5 µmol/l	X	< 3.2 - 10.0
Bilirubin Total	0.88 mg/dL	1.63	0.1 - 1
Bilirubin Direct	0.81 H mg/dL	1.54	0.1 - 0.3
Alkaline Phosphatase	220 H U/L	322	35 - 104
AST(SGOT)	55 H U/L	301	0 - 32
ALT (SGPT)	54 H U/L	336	0 - 33