

An unusual case of liver disease in pregnancy

Dr Siva Prema Siva¹, Dr Ruvimbo Muchero¹, Dr Mary Nangrahary²,
Dr Sivanthi Senaratne².

1) Department of obstetrics and gynecology, Joondalup Health Campus.

2) Department of general medicine, Joondalup Health Campus.

Background

Liver disease in pregnancy could pose a diagnostic dilemma as it needs to be interpreted in the setting of the physiologic changes in pregnancy.

Liver disease that is diagnosed in pregnancy can be :

- Uniquely associated with pregnancy such as obstetric cholestasis.
- Seen in the general population but occur more commonly in pregnant women due to the physiological changes in pregnancy such as Budd-Chiari syndrome.
- Completely unrelated to pregnancy such as viral hepatitis.

Case

K.R. is a 30-year-old obese caucasian woman in her first pregnancy, who was referred to the Joondalup Health Campus obstetric unit by her GP at 24+6/40 with an itch, markedly abnormal LFTs and elevated fasting bile acids of 229. She had a background history of proctitis for which she was treated with azothioprine and short courses of prednisolone in pregnancy. She was admitted and investigated by the obstetric physicians, and diagnosed with early

Case

onset cholestasis it was thought to have been early and severe due to an underlying undiagnosed liver disease. K.R. was commenced on ursodeoxycholic acid and was discharged for outpatient care. She was also diagnosed with GDM and PIH and was commenced on insulin and labetalol.

K.R. was re-admitted at 34/40 from antenatal clinic for worsening jaundice. She had a routine inpatient CTG during her stay where a fetal bradycardia was noted. An immediate emergency caesarean under general anaesthetic was performed. There was thick meconium stained liquor at delivery and a baby boy was delivered in poor condition with Apgars of 1,3,5,7 and Cord PH of 6.9 arterial and 7.10 venous, with evidence of HIE on MRI scan. After a prolonged stay K.R. and her son were discharged home with GP follow-up. K.R. was re-admitted under the hepatology team at 6 weeks postpartum for worsening jaundice and itch. She had a liver biopsy the histopathology findings were in keeping with cholestasis of pregnancy.

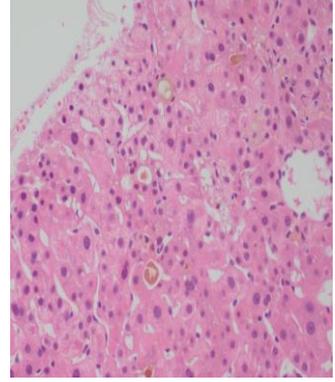
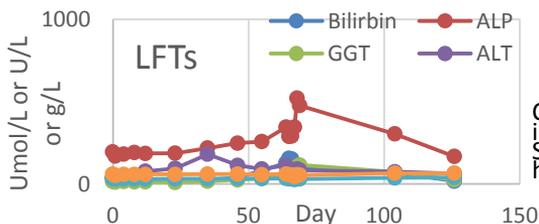


Image of liver biopsy of K.R. Bile canalicular thrombi with Cholestasis. Image courtesy of Dr Priyanthi Kumfarsinghe

Discussion

This was a very unusual case, as cholestasis is generally a disease of the third trimester, there have been case reports of cholestasis presenting in the first and second trimester of pregnancy however this is rare. There was a lot of uncertainty and disagreement about the diagnosis. However the postpartum liver biopsy confirmed this diagnosis. This patient presented with severe early onset cholestasis and had quite a protracted course and only had resolution of her LFTs at about 10 weeks postpartum.



Contact information:
SivaP@ramsayhealth.com.au

K.R.'s LFTs since initial admission to hospital