AOGD Monthly Clinical meeting - 26th May 2023

Organized by : Sitaram Bhartia Institute of Science& Research (SBISR)

Abstract-1

Challenges and Dilemmas in IHCP

Dr Priti Arora Dhamija

Background: Intrahepatic Cholestasis of pregnancy is the most common liver disorder specific to pregnancy. It commonly presents in the late second or early third trimester and is characterised by itching of normal appearing skin, deranged liver function tests and elevated bile acid levels > 19 micro mol/L.

Nowadays most guidelines are suggesting assessment of bile acids alone as diagnostic criteria however lab values tend to differ depending on type of assay, fasting status of patient and treatment received. For every 1 micromol/L rise in bile acid, there is 1-2% increased risk of adverse perinatal outcome such as prematurity, stillbirth, presence of meconium, neonatal respiratory distress syndrome. However there is not much correlation among liver enzymes and bile acids; biochemical values and clinical outcome as illustrated by certain cases that were highlighted.

Case 1 presented with term IUFD, she had normal bile acids but high liver enzymes which continued to rise despite UDCA treatment. Later she developed gall stones.

Case 2 had normal liver enzymes but extremely high bile acids, response to treatment was good. She was induced at 38 weeks , LSCS done for failed induction but good perinatal outcome and no evidence of any meconium. Case 3 had high bilirubin, liver enzymes and bile acids and no symptomatic response to UDCA. Work up revealed gall stone disease, lab values improved with treatment and she had spontaneous delivery at term. All cases were managed in consultation with gastroenterologist and delivery planned according to bile acid levels. Adequate counselling, proper follow up and continuous EFM during labour are advocated.

Abstract-2

Hepatic problems in Obstetrics and Gynaecology: GILBERT SYNDROME

Dr Panchampreet Kaur et al

Background: Gilbert (pronounced as zheel-BAYR) syndrome which is also known as meulengracht disease is an autosomal dominant disorder with incomplete penetrance. It results in unconjugated hyperbilirubinemia in the absence of hepatocellular disease or hemolysis.

Case Reports:

Case 1 : 47 year old female, P1L1 with previous 1 LSCS presented with heavy menstrual bleeding and was diagnosed to have Large multiple fibroid uterus corresponding to 20 weeks size uterus. After preoperative workup and anaesthesia clearance, she was taken up for surgery. There were dense adhesions with endometriotic spots, multiple fibroids (9 cm, 4 cm, 5 cm) including a cervical fibroid (4 cm) which was stuck in POD. Total abdominal hysterectomy with bilateral salpingooophorectomy was done. Patient had 1.5 litres of blood loss and was transfused blood and blood products. She developed icterus and dark coloured urine on 1st operative day. Lab tests showed only hyperbilirubinemia [Bilirubin:9.7 mg/dl (Indirect/Direct:6.2/3.5)] with liver enzymes being normal. It was initially thought as hemolysis but on further investigations including peripheral smear there was no evidence of hemolysis and LDH, Indirect coombs test, HPLC was normal. Bilirubin rose to 12 mg/dl on second day and thereafter started reducing. Enzymes remained normal throughout. Patient was clinically fine and urine colour gradually improved and was discharged on post operative day
Case 2: 29 year old female G2P1L1 with previous normal delivery was a known case of Gilbert syndrome diagnosed 10 years back. She came to us in third trimester and had received steroids elsewhere for fetal lung maturity as preterm labour had been expected due to gilbert syndrome. Her growth scans were normal. Bilirubin levels were 2.23 mg/dl with indirect hyperbilirubinemia and normal liver enzymes. She was reassured and pregnancy was managed as any other normal pregnancy. She went into spontaneous labour at 40 weeks+ and had an uneventful vaginal delivery. Her both children did not have any signs of jaundice at birth and are having normal development.

Discussion: Gilbert syndrome is a diagnosis of exclusion which has a benign course. Uridine diphosphate–glucuronyl transferase activity is reduced to 30% of the normal due to gene defect. It does not need any active intervention. Clinical awareness is the key. Usually bilirubin levels do not rise >6 mg/dl but it might get precipitated by stress, dehydration, fasting status.

Abstract-3

How old is too old to deliver

Dr Kusumlata Bharadwaj

Background- Maternal age has been on a startling rise due to entry of women in the work force, availability of effective and safe contraception and abortion services and professional liabilities. So it is imperative to look at the outcome of pregnancies occurring in midlife.
Objective- To study the maternal and neonatal outcome of pregnancies occurring in women at 40 yrs or above.
Materials and Method- A retrospective analysis of 100 women who delivered at the age of 40 year or above from 2012 to June 2022 in was done. Maternal characteristics, mode of delivery and neonatal details were noted.
Results: Out of 100 women, maximum were 40 years old and maximum age was 46 year (2%).Majority of women(81%) conceived spontaneously, 4% had OVI and 15% of women underwent IVF. The incidence of Hypothyroidism was 27 % while type 2 Diabetes and Gestational hypertension was seen in 8% and 15% respectively while 18% developed Gestational diabetes mellitus, 5% had preclampsia. More than half (53%) delivered vaginally, 23% underwent elective LSCS. None of the baby had any congenital abnormality and mean birth weight was 2557±415gms.
Conclusion : Maternal age is in rising trend due to various social reasons but still it is worth considering because overall maternal and neonatal outcome is promising.Prenatal assessment should be done carefully as pre existing medical illnesses may come to surface in pregnancy and a multidisciplinary approach is required.

Abstract-4

Unveiling the Uncommon - A rare clinical scenario

Dr Namrita Sandhu

Background:-
Vulval lesions remain an enigma and can confound even the most astute clinicians. A picture of a rare vulval lesion was put up for spot diagnosis and it was a diagnostic challenge for all
Case scenario:-
46 year old P3L3 lady presented with c/o Vulval lesions – Gradually increasing in size & number since the last two years. The lesions although localised to the vulva, were associated with itching. On examination, multiple, small, whitish pale papules were noted on the left labia majora and posterior half of right labia majora.The lesions were non tender, non pruritic, ranged in size from 2-10 mm. There was no punctum, no induration, redness or discharge. There were no palpable inguinal lymph nodes. No other cutaneous abnormalities

were present. A simple excision of the vulval lesions was performed and sent for HPE, which confirmed the diagnosis of steatocystoma multiplex

Discussion:-

It is a rare genetic skin disorder characterised by the presence of multiple noncancerous cysts beneath the skin, which are typically associated with sebaceous glands. It commonly affects specific areas of the body where sebaceous glands are present. Main stay of diagnosis is taking a biopsy of the cyst for histopathological examination. There is no definitive cure, even though we have a number of treatment options available. There is no reason apart from cosmetic to treat these lesions. The disease has a good prognosis but recurrence is common. We need more studies to further understand the disease condition and to develop new treatment approaches, including targeted therapies