

Liver disease associated with pregnancy

Despite the fact that liver disease complicates about **3% of pregnancies**, these diseases are among the more serious conditions. They can directly endanger the life of the mother and the fetus. **The most common liver diseases in pregnancy** include:

- intrahepatic cholestasis
- acute steatosis of the liver
- hyperemesis gravidarum
- HELLP syndrome
- preeclampsia.

Intrahepatic cholestasis

It is a **heterogeneous disease** and in some cases heredity may also play a role.

Pathogenesis

The higher incidence of intrahepatic cholestasis **rises with female hormones**, therefore it occurs more in multiple pregnancies, in the last trimester of pregnancy. Exogenous administration of progesterone in III. trimester of pregnancy.

Progress

Initially, anicteric course ⇒ pruritus. Later, an increase in aminotransferase activity up to twenty-fold, an increase in ALP activity, sometimes an increase in GGT as well, an increase in serum concentrations of bile acids (up to a hundredfold compared to physiological values).

Consequences

Mother

After giving birth, a woman's clinical condition quickly improves.

Fetus

Before birth, the increased amount of bile acids that pass into the fetus **increases intestinal motility** and can cause **premature excretion of meconium** into the amniotic fluid and its subsequent aspiration into the fetal lungs. After birth, bile acids that pass from the mother's circulation through the placental membrane have arrhythmogenic effects and can **even cause cardiac arrest in the newborn**.

Treatment

Administration of ursodeoxycholic acid improves the course of intrahepatic cholestasis in pregnant women. Ratio 3 times 250 mg until delivery.

Acute hepatic steatosis

It is considered to be a rarer disease, which, however, arises suddenly and most often in III. trimester. It is more common in first-time mothers and in women with multiple pregnancies.

Pathogenesis

It can result **from microvesicular steatosis** to hepatic encephalopathy and then **liver failure**.

Symptoms

- Anorexia
- Pain in the right hypochondrium
- Nausea and vomiting
- Jaundice
- Symptoms of preeclampsia, DIC, ascites, etc.

Due to the high activity of liver enzymes, increased bilirubin, hyperammonemia or hypoglycemia, etc., **it is necessary to exclude serious diseases** - i.e. HELLP syndrome, preeclampsia, viral hepatitis.

Treatment

Treatment of acute steatosis is complex and includes premature induction of labor. Freshly frozen plasma is given to adjust the acid-base balance and stabilize the coagulopathy.

Hyperemesis gravidarum

In hyperemesis gravidarum, we encounter even exhausting vomiting that almost leads to dehydration. Most often in the first trimester of pregnancy.

Pathogenesis

The disease breaks out **from hormonal, immunological and psychological factors**.

Risk factors

Risk factors include:

- Hyperthyroidism
- Higher BMI
- Diabetes, multiple pregnancies, etc.

Treatment

Depending on the severity, hyperemesis gravidarum is treated with rehydration and refeeding therapy, antiemetics, vitamin replacement - esp. thiamine. We can also encounter treatment with corticoids.

HELLP syndrome

See HELLP syndrome.

Preeclampsia

See Preeclampsia.

Links

Related articles

- Pregnancy
- Birth
- Preeclampsia
- HELLP syndrome

References

- PAŘÍZEK, Antonín, a kolektiv. *Kritické stavy v porodnictví*. 1. vydání edition. Praha. 2012. 285 pp. ISBN 978-80-7262-949-7.