

Intrahepatic cholestasis of pregnancy in Hospital Seri Manjung: A case report

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ABSTRACT

Introduction: Intrahepatic cholestasis of pregnancy (ICP) or Obstetric cholestasis (OC) is characterized by pruritis, elevation in serum bile acid (SBA) and liver enzymes derangement in pregnancy. The reported incidence varies worldwide ranging from 0.1 to 2%. ICP cause adverse perinatal outcome and maternal morbidity. It also has implications on future health. **Case Description:** A 29-year-old, primigravida at 33 weeks of gestation presented with itchininess at the palms of hand spreading to the trunk and neck for one week and worsening at night. Fetal movement was reduced. Transabdominal ultrasound showed fetal growth which corresponded to date with estimated weight of 2,200 g. Ultrasound of the biliary tract and blood investigations ruled out biliary obstruction, viral hepatitis and autoimmune liver diseases. A diagnosis of ICP was made. SBA is the most sensitive and specific marker for the diagnosis and monitoring of ICP. As there was practical problem in monitoring SBA in our hospital and rapidly rising ALT, decision of delivery by caesarean section was performed at 33 weeks 4 days. A 2,260 g baby boy was delivered. Blood sample for SBA sent to an external lab reported a level of 169.5 $\mu\text{mol/L}$ but this was available only after the baby was already delivered. Nevertheless, it confirmed the diagnosis of ICP. SBA $>100 \mu\text{mol/L}$ should prompt urgent delivery. Pruritus and liver enzymes returned to normal two weeks after delivery. **Discussion:** It is important to involve multidisciplinary team in the management of ICP. In the absence of SBA testing, ICP may be diagnosed in a woman with typical pruritus and abnormal liver enzymes, provided there is resolution of both after delivery.

Atypical presentation of abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy which belongs to the spectrum of ectopic pregnancy is a rare diagnosis. There is a significant fetomaternal morbidity and mortality due to difficulty in establishing the correct diagnosis, which most often occur in acute setting. **Case Description:** We present a case of abdominal pregnancy in a 34-year-old Gravida 2 Para 1 at 20 weeks gestation with initial presentation of urinary retention, acute kidney injury and gastrointestinal symptoms, which went unrecognized up to 11 days from the time of presentation until the acute event in the form of acute abdomen and impending respiratory collapse which led to an emergency laparotomy. Site of implantation was identified over sigmoid colon and required the Hartman procedure for treatment. There was no direct involvement of urinary tract structures. The patient recovered satisfactorily after the surgery with no further episode of urinary retention and normalization of renal function test. **Discussion:** It is difficult to establish a diagnosis of abdominal pregnancy especially in a patient with no apparent risk factor and atypical clinical presentation. Urinary retention is an uncommon presentation of an abdominal pregnancy. There are only three other reported cases to date. This case is presented to highlight the dilemma in making the correct diagnosis thus appropriate treatment of abdominal pregnancy. It is important to not be surprised by the diagnosis and to apply correct intervention immediately.

Keywords: abdominal pregnancy, urinary retention, acute kidney injury