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Clinical, laboratory, and perinatal outcomes in pregnant women with confirmed intrahepatic cholestasis of pregnancy versus unconfirmed cases

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INTRODUCTION

Intrahepatic cholestasis of pregnancy (ICP) is one of the most common liver disorders in pregnancy. Typically presents during the second or third trimester. Its hallmark clinical manifestation is pruritus, which predominantly affects the palms and soles.

Objective: To describe clinical, laboratory, and perinatal outcomes in pregnant women with biochemichally confirmed ICP and those with suspected but unconfirmed ICP.

METHODS

Retrospective descriptive study of 98 medical records from a public hospital in Lima, Peru (2025). Pregnant women >18 years with pruritus and suspected ICP were included; those with chronic liver disease, autoimmune conditions, neoplasms, or fetal malformations were excluded.

Table N°1: Characteristics of pregnant women with ICP and unconfirmed cases

	Confirmed ICP N = 18	Non-confirmed ICP N = 45	<i>p</i>
Age (years)	29 ± 7	29 ± 6	0.90
BMI (m2/kg)	27.85 ± 5.86	31.62 (34.76-27.24)	0.006
GA at pruritus onset			
< 28 weeks	3 (17%)	2 (5%)	0.002
28-32 weeks	4 (22%)	3 (8%)	
32-34 weeks	6 (33%)	2 (5%)	
34-37 weeks	3 (17%)	18 (46%)	
> 37 weeks	2 (11%)	14 (36%)	
Pruritus severity			
Mild	2 (11%)	16 (41%)	0.024
Severe	16 (89%)	23 (59%)	
Pulmonary maturation	3 (17%)	1 (2%)	0.036
Birth weight	2901.7 ± 596.76	3252 ± 432.12	0.037



RESULTS

18 women had confirmed ICP. They had earlier onset of pruritus, lower gestational age at admission, and more intense pruritus (p = 0.002, 0.003, 0.024). Addionatilly, ICP cases had higher preterm birth rates and lower birth weight. Median bile acids at diagnosis were 13.5 µmol/L.

CONCLUSIONS

ICP is associated with earlier, more intense pruritus and increased risk of prematurity and low birth weight. Other perinatal outcomes did not differ. Retrospective design and limited bile acid testing may introduce information bias, and causal inference is not possible, but results support further research.