

# “Cirrhotic Portal hypertension and Bosniak disease in Pregnancy, resulting in successful outcome.”

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## Background and History

- 43 years old female, Gravida 5 para 3 (previous 3 caesarean sections) with BMI 30. Her last delivery was 9 years ago with pre eclampsia.
- Had history of essential hypertension, liver cirrhosis with portal hypertension secondary to hepatitis C, splenomegaly and Bosniak disease type 3.
- Was not using any contraception.

## Presentation and investigations

- Presented at 10 weeks gestation.
- Had booking blood pressure of >140/90mm hg.
- Her platelet count was  $82 \times 10^9 / L$
- Renal functions were normal.
- CT scan showed heterogeneous lesion in left kidney (Bosniak 3) with cirrhosis and splenomegaly.

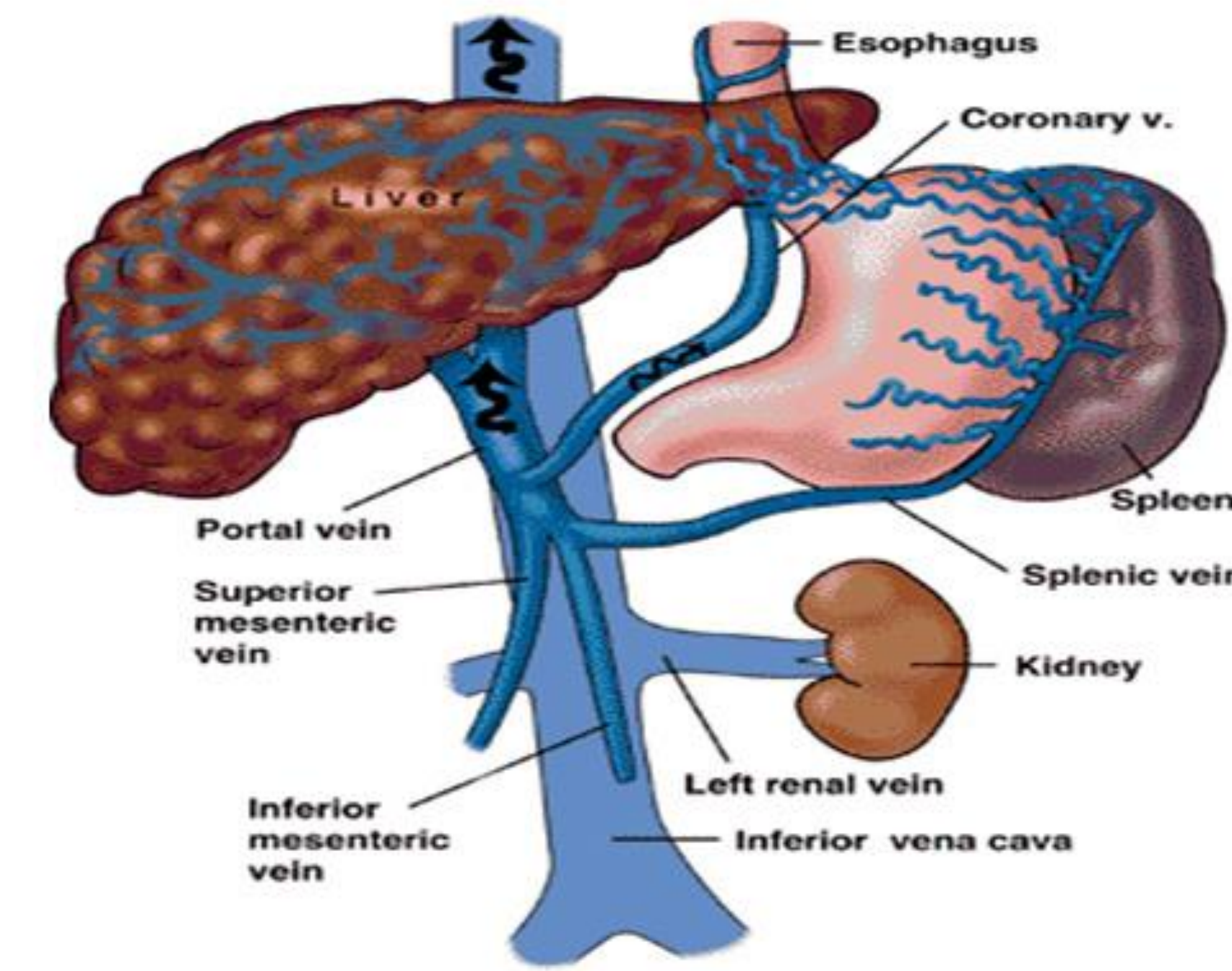
## Management

- Explained risks of continuing pregnancy.
- Involved different specialities and had regular multidisciplinary input from hepatologist, Urologist & anaesthetist .
- Started on Labetalol and aspirin.
- Regular foetal growth scans performed which were normal.
- No Oesophageal varices at endoscopy .
- No pelvic varices at MRI.
- Caesarean section performed at 37 week gestation with no intraoperative and post operative complication, she declined sterilization.

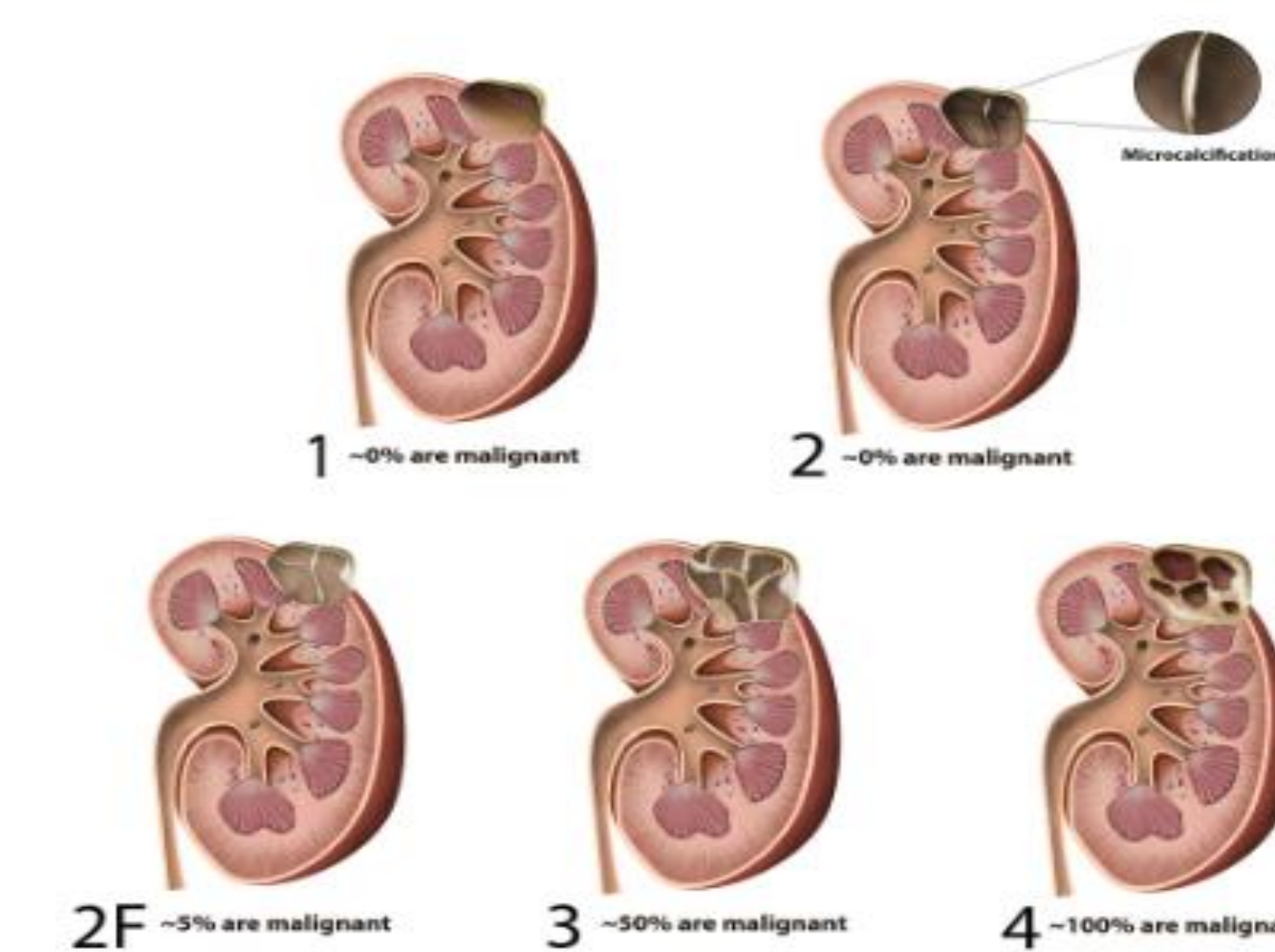
## Outcome

Baby boy, weighing 3 kg (50th centile) delivered by caesarean section. She was discharged home in good condition & received injection for contraception.

## Portal Hypertension



## Bosniak classification of renal cysts



## Discussion

- The Bosniak classification is a diagnostic system for the differentiation of cystic renal lesions in the kidneys. As cysts grow, hypertension and deterioration of renal function develop, which can adversely affect pregnancy.
- In Liver cirrhosis and portal hypertension risk of bleeding varices is unpredictable.
- Risk of miscarriage is high in all these.

## Conclusion

This was a challenging case & was regularly discussed with multidisciplinary team. In the end there was good outcome.

## References/Acknowledgement

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