

Case of pre-existing portal hypertension and oesophageal varices in pregnancy

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Background

- 29 year old female
- P0+2- Previous Hydatidiform mole and 8 week miscarriage
- BMI 33.5
- Non-smoker
- Low risk PIH/SGA, Increased risk GDM- BMI and Family history

Past Medical History:

- Blood transfusion at birth for jaundice
 - Portal vein thrombosis developed following this
 - Portal hypertension secondary to thrombosis
- Substantial haematemesis at 9 years of age
 - Oesophageal varices + hypersplenism diagnosed- varices injected
 - Multiple episodes of injections with further bleed aged 19 with banding
- Extensive pre-pregnancy planning with haematology and hepatology

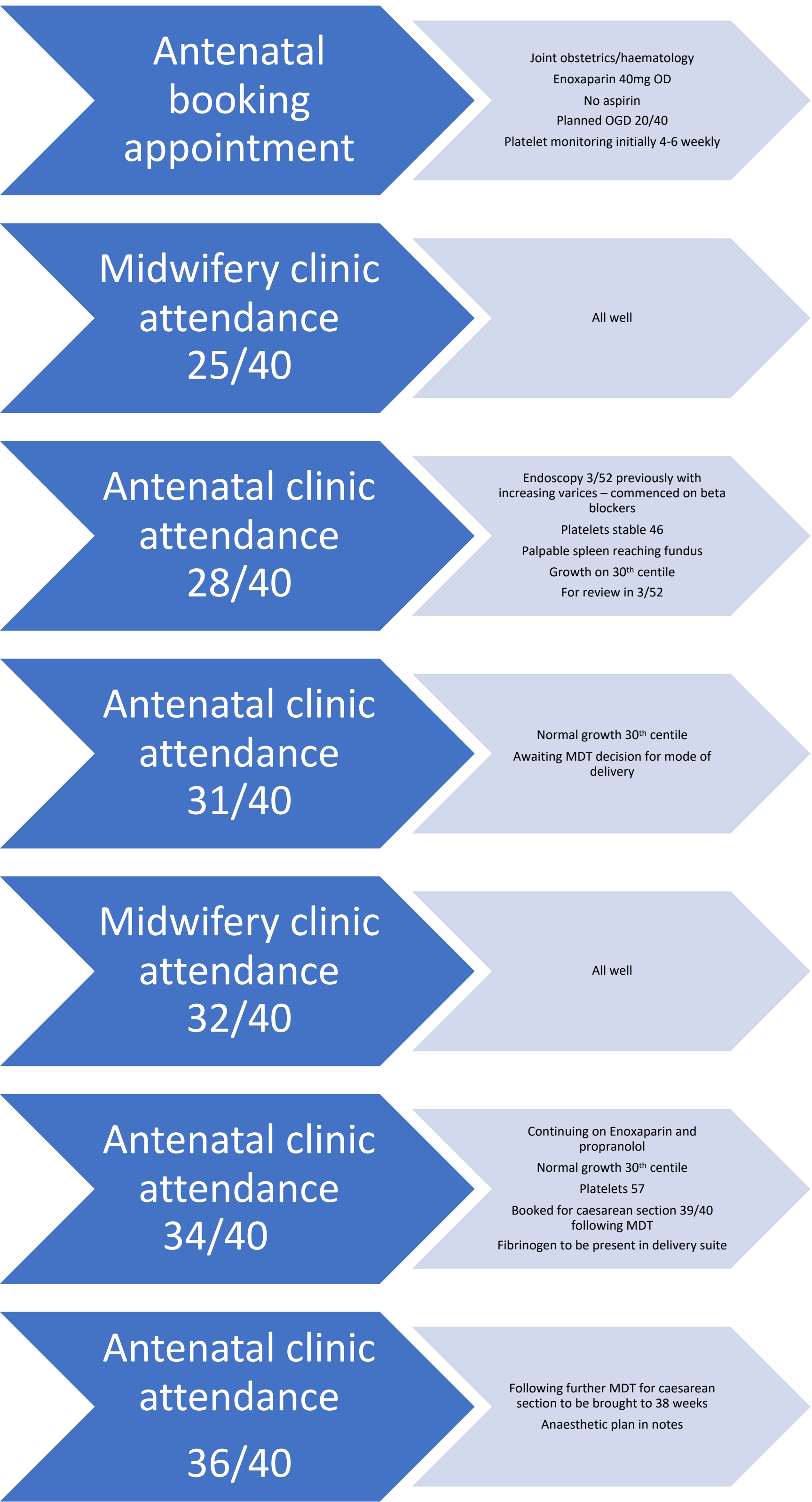


Figure 1: Antenatal course

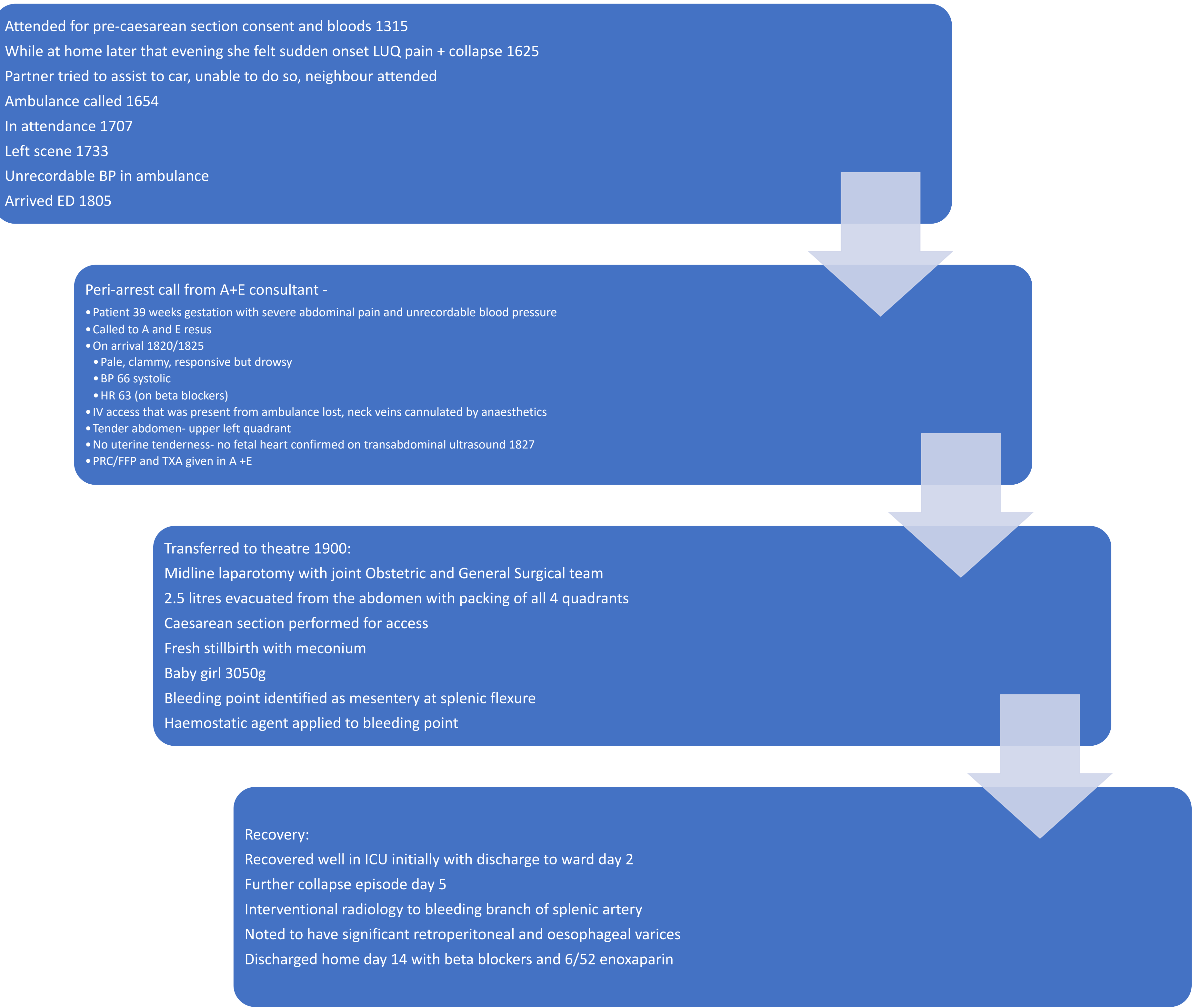


Figure 2: Sequence of presentation, diagnosis and management

Discussion

Increasingly complex maternal medicine is becoming more prevalent. This case highlights the importance of multidisciplinary teamwork in management of co-morbid pregnancies as they carry a significant risk. There is significant need on counselling for future pregnancies with involvement of experts in hepatology and maternal medicine. This patient will need appropriate debriefing and guidance on recurrence risk and planning for potential future pregnancies. This case provokes discussion regarding optimal timing and mode of delivery in portal hypertension. Some studies have suggested that well controlled portal hypertension should not necessitate preterm delivery and challenge the norm of delivery by caesarean section. The key questions in this case are how best to advise these patients of recurrence risk and risk to future pregnancy; with focus on optimisation of antenatal management and timing of delivery.