



Adrenal insufficiency
in pregnancy (Case
Report)



*Dr ELKHANSA
MOHAMEDAIN
RCPI/SMB
trainee*



*Dr NAGWA
HASSAN
BST -RCPI trainee*



*Dr . Mark
Dempsey
Consultant
obstetrician and
Gynaecologist*



**Galway
University
Hospital,
Galway,
Ireland**

Objective : To understand the antenatal course and management of Adrenal insufficiency in pregnancy.

Background: A 35 year old lady , in her third pregnancy with two previous vaginal deliveries , has been diagnosed with adrenal insufficiency in 2018 on hydrocortisone 10 mg mane and 5 mg Tarde , had past history of inflammatory bowel disease , gastritis and laparoscopy for ? endometriosis . She was booked into high risk pregnancy clinic , had a normal anomaly scan as well as regular fetal growth scan , had uncomplicated pregnancy and had induction of labour at 39 weeks gestation , once labour started she received intravenous steroids .She had uncomplicated vaginal delivery with a healthy baby and discharged home in good condition

Discussion :Adrenal insufficiency in pregnancy is rare , but potentially fatal if unrecognized .Primary adrenal insufficiency is often diagnosed before pregnancy and patients usually maintained on a regular dose of hydrocortisone and fludrocortisone , Diagnosis during pregnancy for the first time is challenging as symptoms overlap with the common pregnancy symptoms .While diagnosis during pregnancy can be made using synacthen test ,Salivary free cortisol has been suggested as a reliable non invasive test, however pregnant women with highly suggestive symptoms and indeterminate SST can be treated and test repeated after delivery . Symptoms can be triggered by stress ,hyperemesis , infections ,vaginal delivery and caesarean section. If adequately treated with steroid maternal mortality are unlikely , the fetus produce and regulate its own adrenal steroids, there fore fetal morbidity is also unlikely to occur .Features of inadequate treatment include lethargy ,vomiting , postural hypotension hyperpigmentation and electrolyte disturbances. Joint obstetric and endocrinology care is vital. Acute adrenal insufficiency is a life threatening condition ,which can be confused with acute abdomen shock or surgical abdomen .It may occur in severe hyperemesis , haemorrhage , sepsis or sudden withdrawal of therapeutic dose of steroids and should be managed with the A,B,C,D ,approach , prompt fluid and steroid infusion.

Conclusion :Adrenal insufficiency in pregnancy is rare , but can be life threatening therefore Multidisciplinary team , maternal education, prompt treatment of infection and regular adjusted treatment with steroids with regular staff training on adrenal crisis management are vitals to reduce maternal mortality and morbidity . Regular Fetal growth monitoring is recommended while fetal adrenal complications are unlikely .Vaginal delivery is recommended along with appropriate use of intrapartum steroid with caesarean section for obstetric indication ,followed by appropriate postnatal care and encouragement of breast feeding .