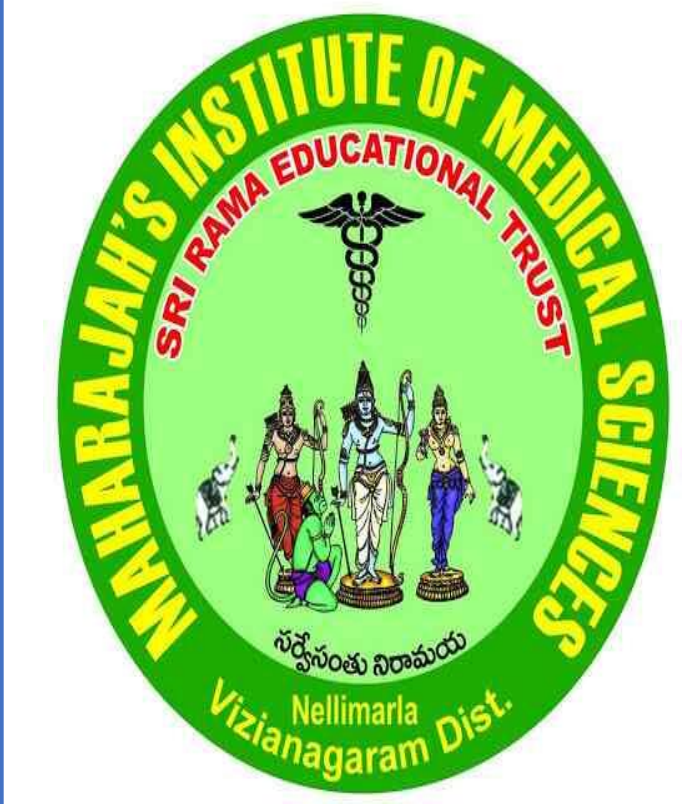


Prospective study on Hyperuricemia in early pregnancy and Gestational diabetes risk Assessment

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BACKGROUND/ INTRODUCTION

Gestational Diabetes Mellitus is one of the most common pregnancy complications affecting at least 12-14% pregnancies in the entire world¹. Yet the Precise factors remain incompletely defined.

OBJECTIVE/AIMS

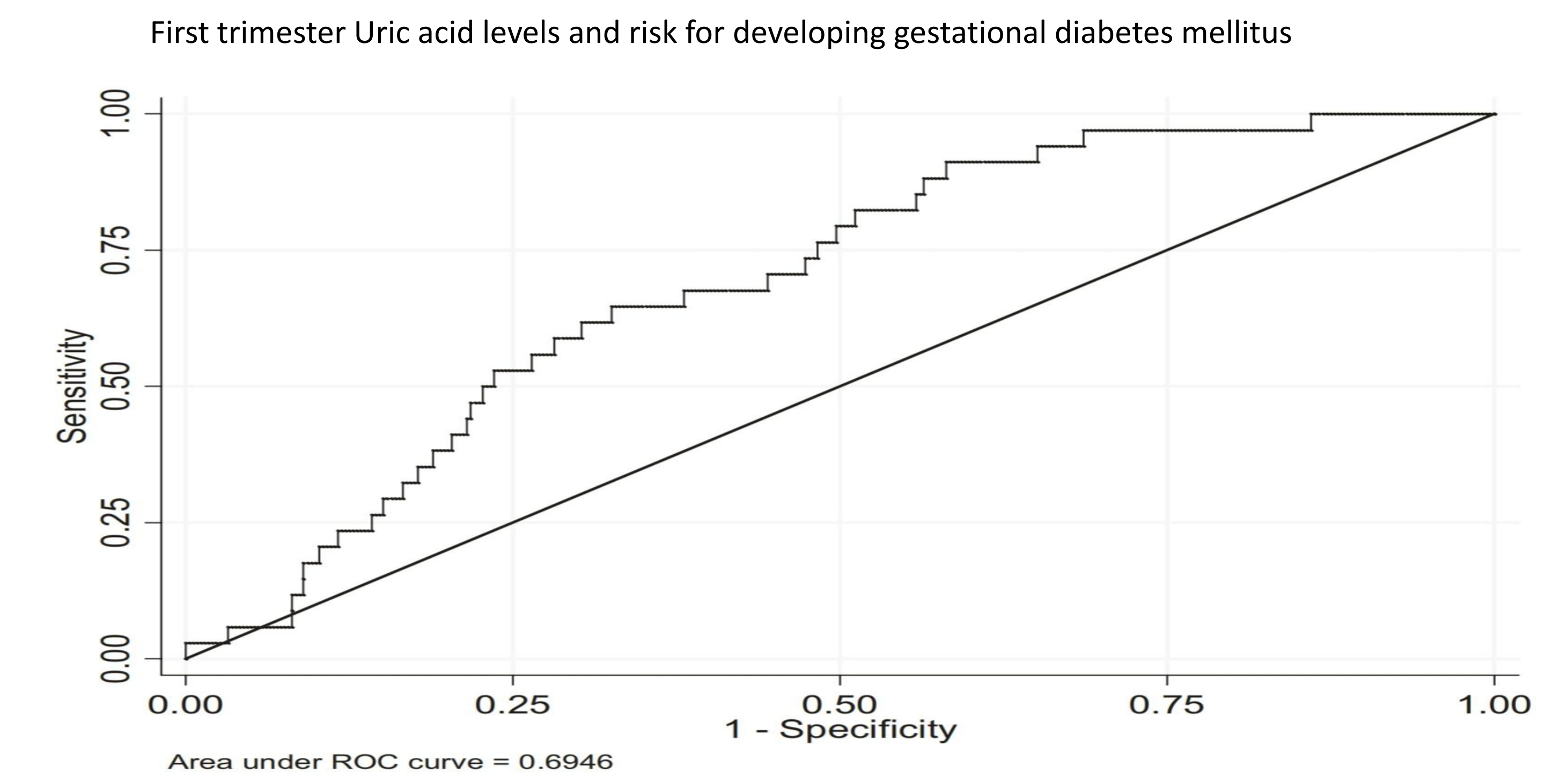
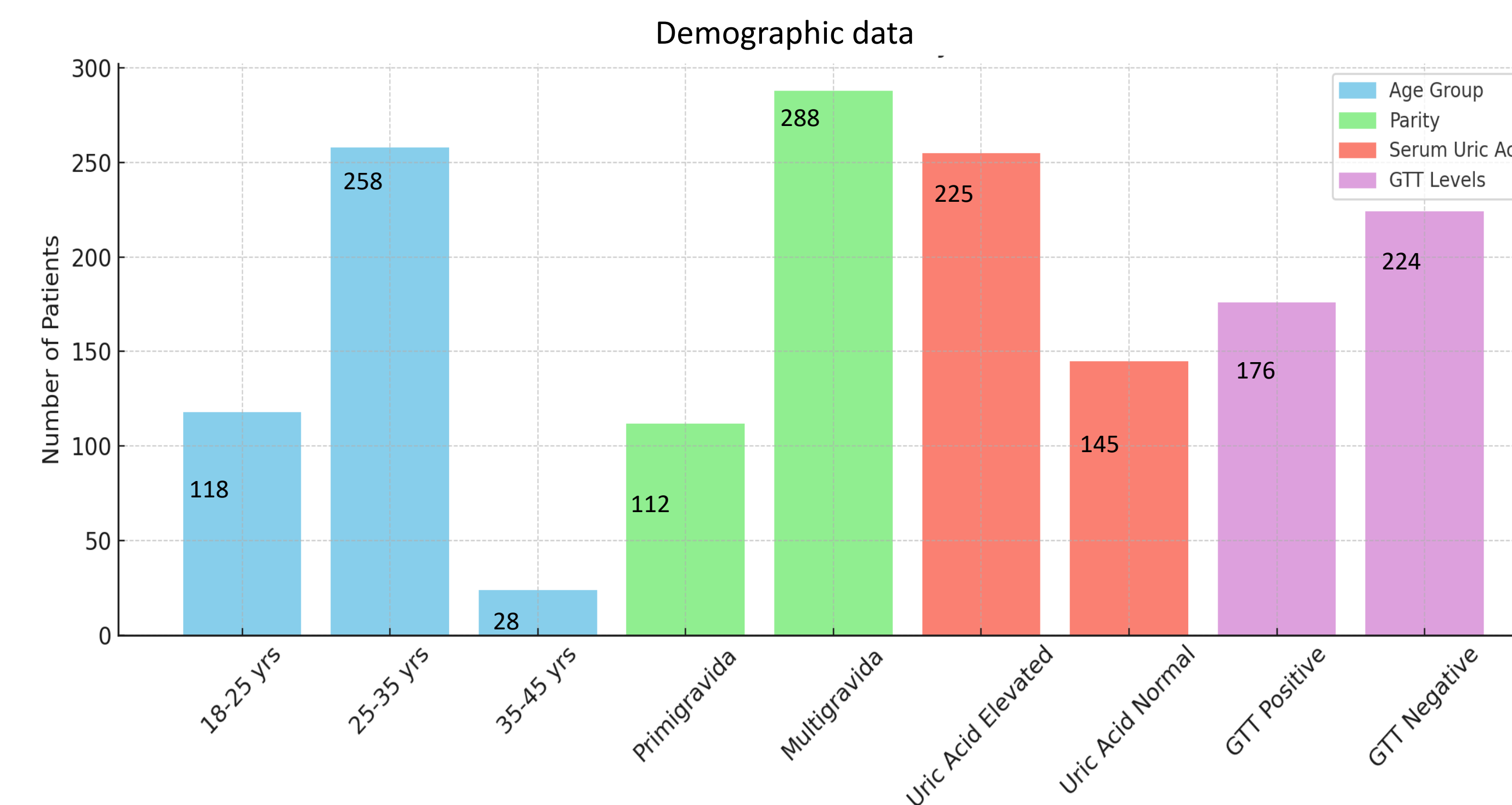
The objective of this study was to explore whether there is a relationship between uric acid concentration in the early trimester and the onset of gestational diabetes mellitus.

METHODS

This is prospective observational cohort study conducted on 400 singleton antenatal women who attended our outpatient OBG clinic of MIMS Hospital during there first trimester for over a period of 3 years. A venous blood sample was collected for serum uric acid levels along with screening to GDM , as well as followed them at around 24-28 weeks and at term to evaluate GDM using IADPSG Criteria. Logistic regression analysis was performed to measure the relationship between serum UA in first trimester and GDM

RESULTS

Antenatal women of 44% developed GDM had their first trimester serum Uric acid levels in a range of (>3.55 – 8.20mg/dl) having 3 fold increased risk (95% confidence interval , 1.33-7.45) in developing gestational diabetes after adjustment for body mass index and age. The above concentration range had showed significance in uric acid quartiles (p= 0.03)



CONSLUSION

Early trimester hyperuricemia has shown increased risk in developing gestational diabetes mellitus, regardless of BMI.

REFERENCES

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