

Enigma Of EHPVO In Pregnancy : A Case Report

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INTRODUCTION

- Extrahepatic portal-vein obstruction (EHPVO) is a one of the causes of portal hypertension in pregnancy.
- EHPVO is defined as obstruction of the extra hepatic portal vein with or without the involvement of the intrahepatic portal veins or splenic or superior mesenteric veins.
- The main risk in pregnant women with this condition is variceal bleeding, which may be life-threatening.
- We hereby report a case of pregnancy with pre-existing extrahepatic portal-vein obstruction (EHPVO) and its management.

PRESENTING COMPLAINTS

- 37-year-old primigravida , IVF conception , 29 weeks and 2 days with gestational diabetes mellitus on insulin and gestational hypertension on antihypertensives.
- Presenting complaints included acute febrile illness , pedal edema extending to thighs in the past 2 weeks with nausea, headache , myalgia and epigastric pain in the past 2 days.

PAST HISTORY

- H/o of Untreated chronic liver disease with Portal Vein thrombosis
- H/o Pre- conceptional chronic thrombocytopenia

VITALS AT ADMISSION

- PR - 90/min
- BP- 130/75
- Temp – Normal
- GRBS - 251 mg/dl
- Grade 2 bilateral pedal edema
- Abdominal examination - 30 weeks, tense abdomen with abdominal wall edema , FHR -140/min

DIAGNOSTIC WORK UP AND MANAGEMENT

At Admission :

- Hb -12.8 gm/dl
- Platelet count - 43000 cells/cu mm.
- LFT - normal
- Urine albumin 2 +

DAY -2 :

- FWBS (DAY -2) - normal growth of the fetus
- Bilateral venous doppler of the lower limbs (DAY -2) – normal
- 24 Hour urine albumin - negative for microalbuminuria
- Maternal echo - concentric left ventricular hypertrophy with good left ventricular systolic function (LVEF- 55%)

DAY-3

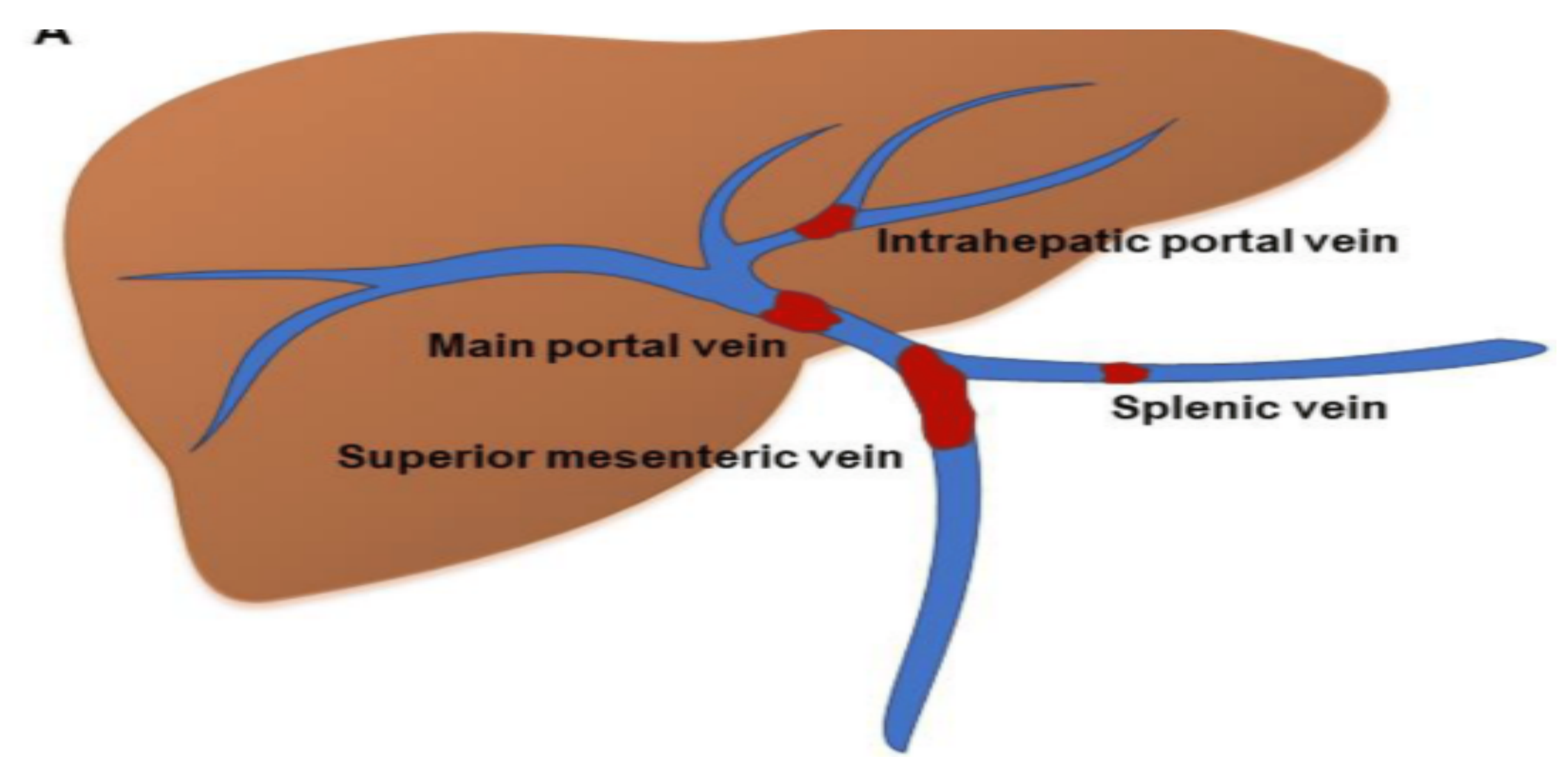
- Maternal USG abdomen for abdominal organs - Chronic portal vein thrombosis with chronic liver disease changes and mild to moderate splenomegaly.

DAY - 4 :

- 2 doses of steroids i.m 24 hrs apart for lung maturity
- Intravenous magnesium sulphate for neuroprotection

DAY – 6 :

- Developed acute haematuria
- Shifted to ICU for further management
- Protein Creatinine Ratio increased with uncontrolled sugars
- Delivery by Emergency LSCS



OUTCOME AND FOLLOW UP

- Male baby , 2 Kg , Good Apgar (LSCS)
- 2 drains were inserted (1 subcutaneous, 1 intraperitoneal) in view of possible bleeding risk due to low platelets. On post POD- 1 : Platelet count improved, blood pressure stabilized and sugar levels normalized
- POD – 3 : Intraperitoneal drain removed
- POD – 7 : Discharged in good condition

CONCLUSION

- A multidisciplinary approach including obstetricians, gastroenterologists, endocrinologist and anaesthetists is essential to optimise the outcome.
- Preconception counselling is vital.
- Oesophageal and gastric varices should be treated in the prepregnant state.
- Anticoagulant therapy plays an important role and should be advocated in all patients

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