

Pregnancy in Congenital Adrenal Hyperplasia: A Rare Case of Successful Vaginal Delivery

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Background

Congenital Adrenal hyperplasia (CAH) is an autosomal recessive disorder resulting from enzyme deficiencies in steroidogenesis, leading to cortisol and aldosterone deficiency with androgen excess. Women with CAH often face infertility or pregnancy complications due to anovulation, endometrial dysfunction, metabolic disorders, psychosexual challenges, and post-reconstructive genital surgery. However, successful pregnancies are possible with meticulous multidisciplinary care, individualised hormonal management, and prevention of adrenal crises.

Objective

This case illustrates the successful management of pregnancy in a woman with non-classic CAH, with multidisciplinary care, regular monitoring and individualized hormone replacement therapy.

Conclusion

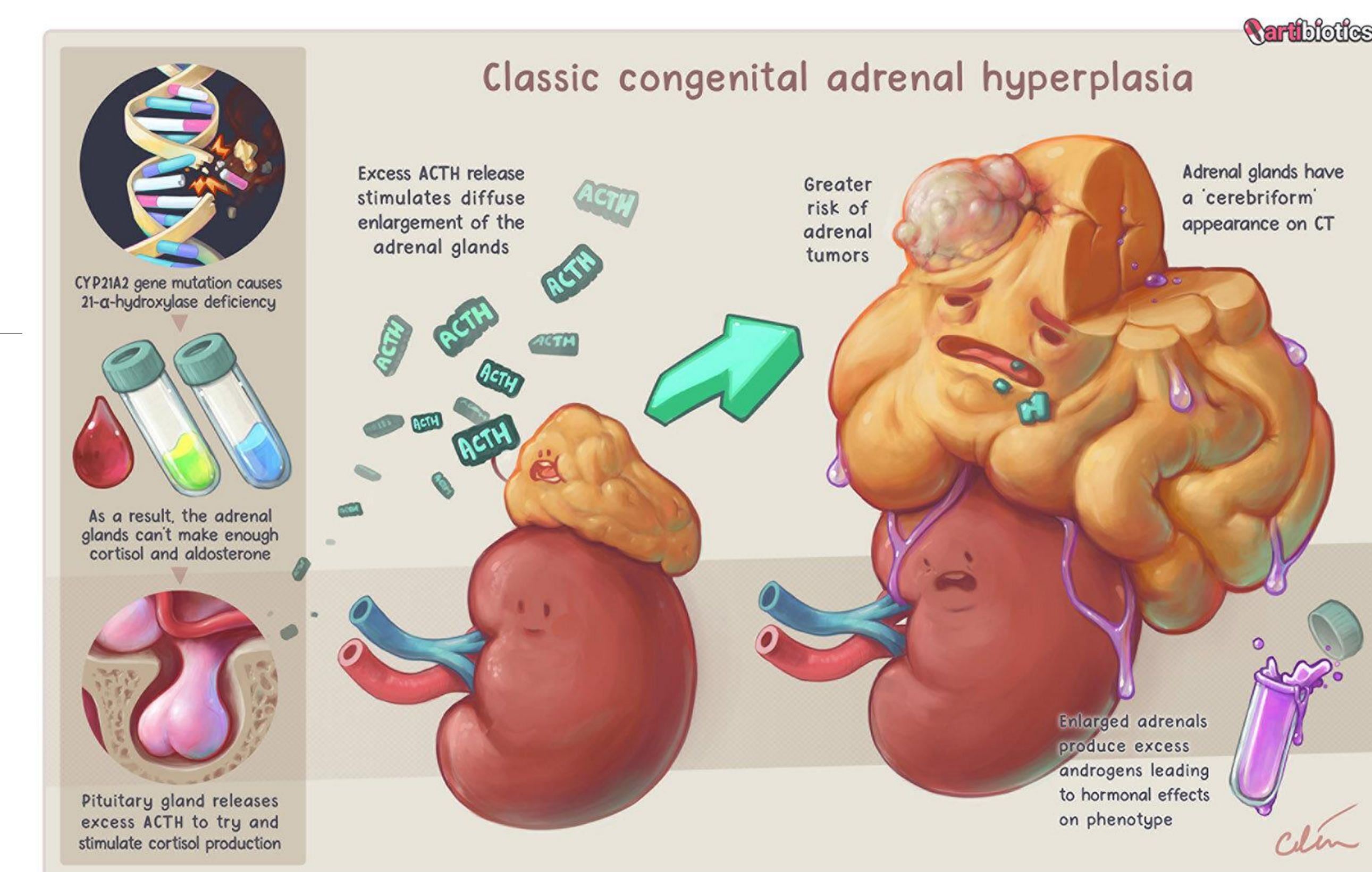
Pregnancies in women with CAH can result in excellent maternal and neonatal outcomes with appropriate care. Our case highlights the importance of personalised obstetric care, hormonal adjustment, vigilant monitoring and multidisciplinary care to navigate the complexities of CAH in pregnancy.

Case Summary

A 31-year-old woman with non-classic CAH and a history of lifelong hydrocortisone (10mg+10mg+5mg) and fludrocortisone presented at 9 weeks' gestation. Co-managed by endocrinology, her hydrocortisone dosage was increased. Routine investigations, first-trimester screening and serial growth ultrasounds were unremarkable. She was normotensive with no glucose intolerance. Labour was induced at 40 weeks. She received Intravenous hydrocortisone at labour onset and intrapartum. She delivered vaginally with forceps assistance, a healthy female with normal external genitalia. Postpartum, she resumed her pre-pregnancy hydrocortisone dose after 48 hours of double-dosing.

Discussion

Optimal management of CAH pregnancies involves balancing maternal and fetal health. Hydrocortisone was chosen for its efficacy in mitigating androgen excess while minimizing maternal Cushingoid effects. Serial monitoring of maternal testosterone and fetal growth guided dose adjustments. Contrary to reports of elevated caesarean rates in CAH due to genital reconstructive surgery and cephalopelvic disproportion, this case achieved a forceps delivery.



References

1. Jain D. BMJ Case Rep 2013. doi:10.1136/bcr-2013-201298.
2. Xiong et al. Successful pregnancy and live birth in woman with congenital adrenal hyperplasia: a case report. Medicine 2020;99:50(e23495)

Conflict of Interest Disclosure:
I don't have a conflict of interest

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