

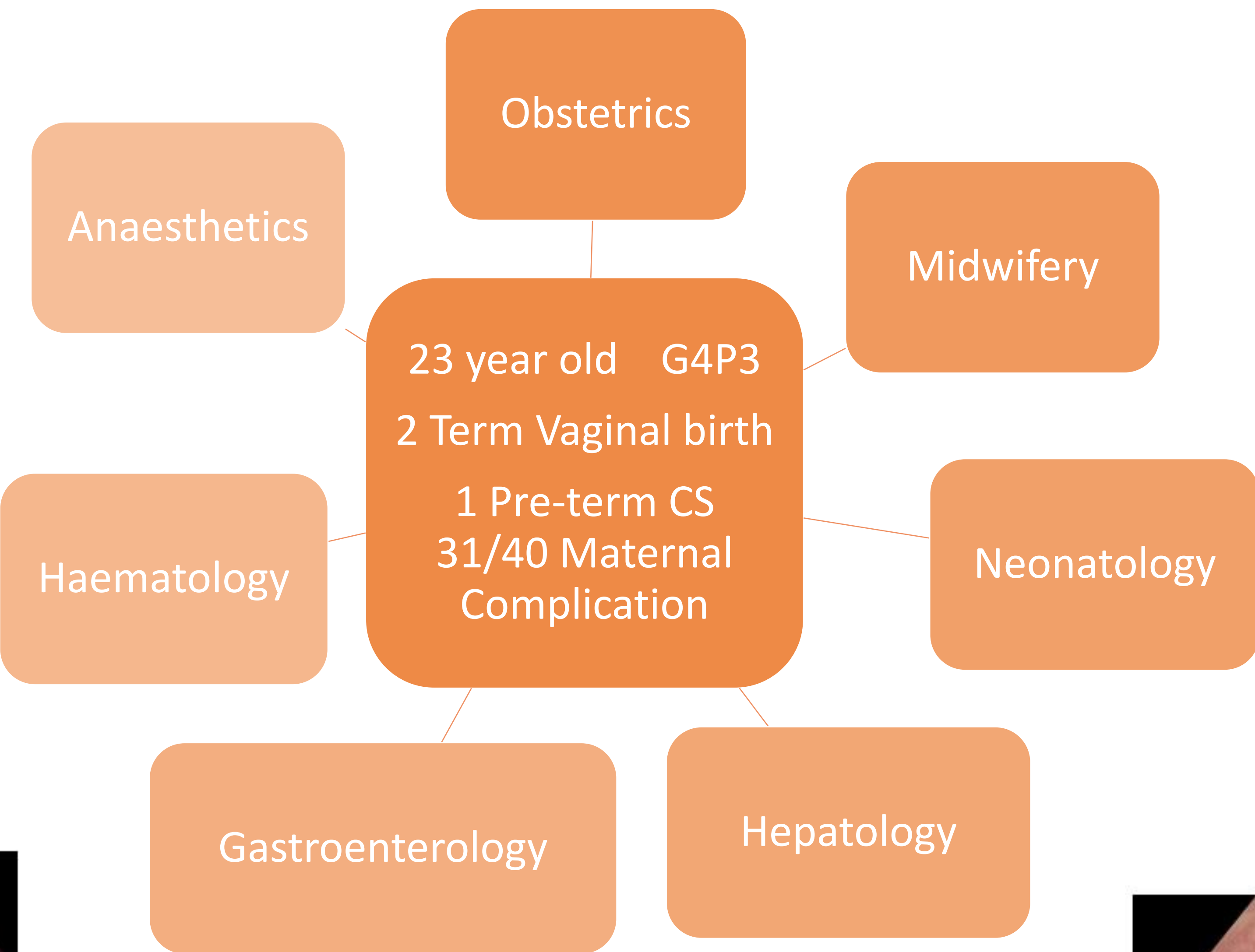
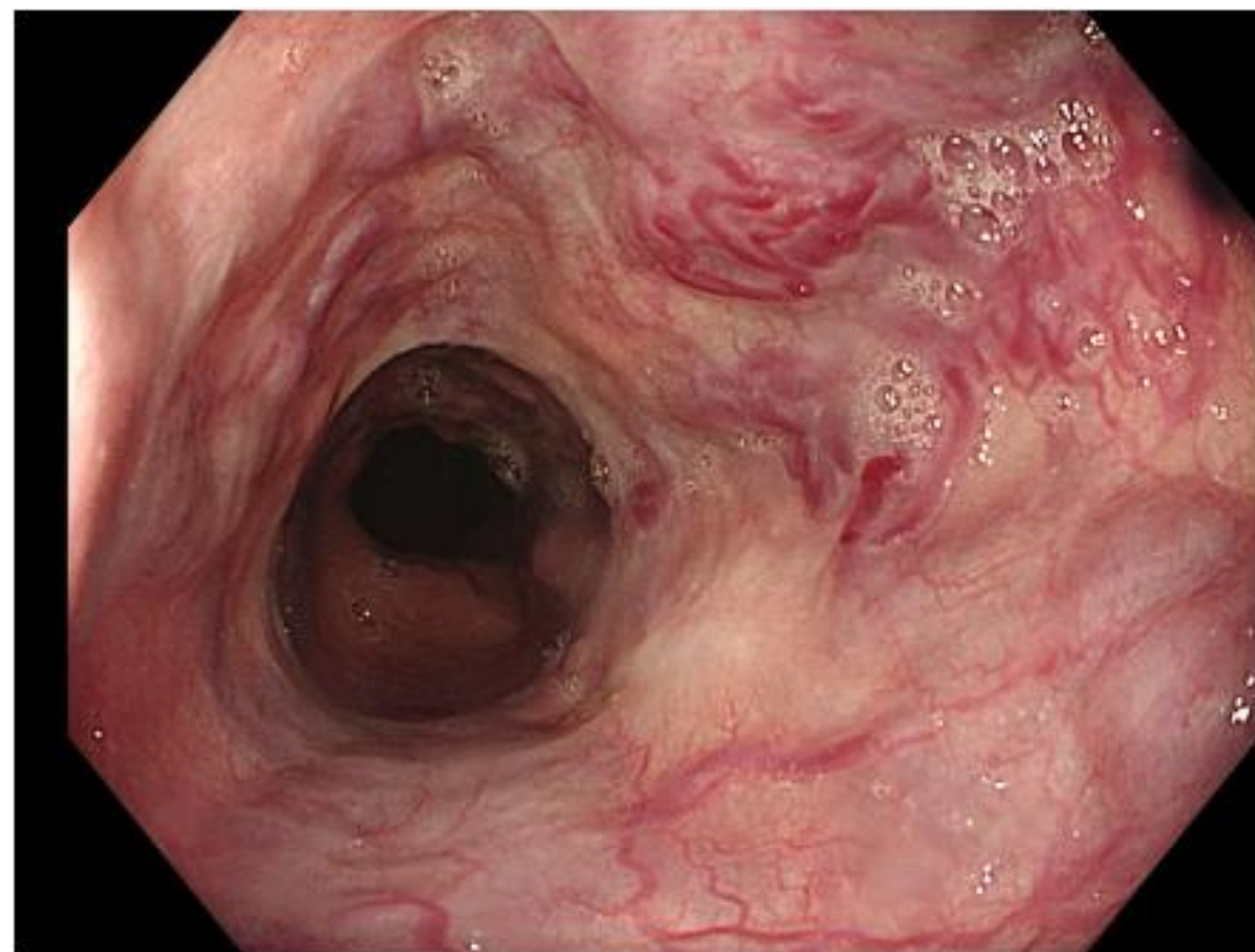


Portal Hypertension in Pregnancy: Managing Autoimmune Hepatitis, Liver Cirrhosis, and Maternal-Foetal Risks

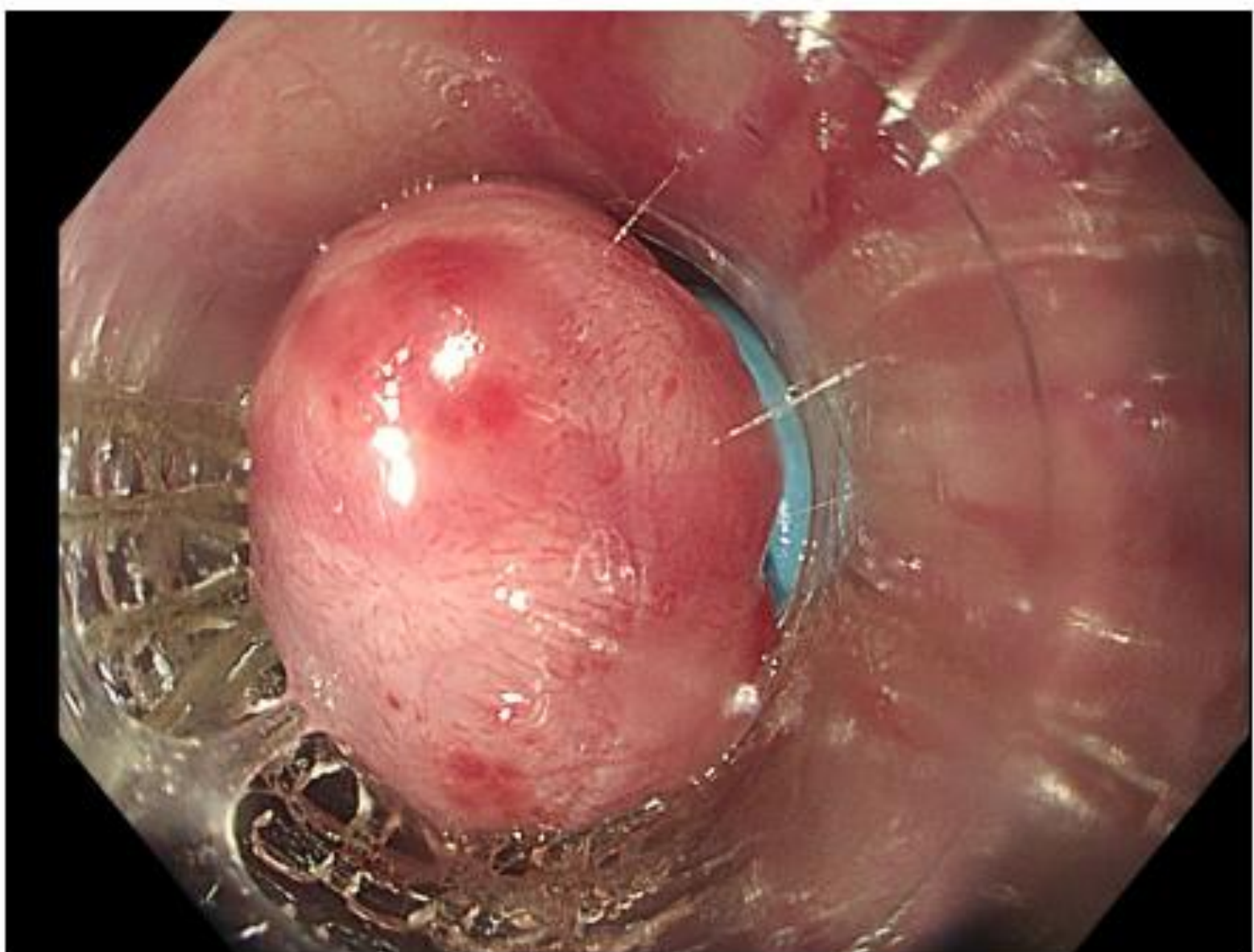
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Introduction

Portal hypertension complicating pregnancy presents significant risks to both mother and foetus, including life-threatening variceal bleeding, hepatic decompensation, preterm birth, foetal growth restriction, and postpartum haemorrhage. Due to these serious complications, a multidisciplinary team (MDT) approach is critical in managing high-risk pregnancies.



Fragile haemostatic balance with increased bleeding risk	
Persistent Anaemia and Severe thrombocytopenia	Hb 80-94g/L Plt 26×10^3
Elevated APTT Values and ratios	Up to 37.1sec and 1.4
Low clauss fibrinogen levels	1.25-1.67



Discussion

Variceal surveillance was essential in preventing complications, along with meticulous perioperative planning.

Conclusion

This case highlights the importance of early referral to an MDT for high-risk pregnancies complicated by liver disease, ensuring optimized care for both mother and foetus.

Case Report

- Maternal History
 - Autoimmune hepatitis diagnosed in first pregnancy; poor treatment adherence
 - Cirrhosis: UKELD 49, MELD 9, Child Pugh A5
 - Portal hypertension, hypersplenism, thrombocytopenia
- Current Pregnancy
 - Referred at 20 weeks for worsening liver function
 - Medications: Prednisolone 10mg OD, Carvedilol, Advagraf
 - Variceal surveillance under platelet cover
 - MRI: cirrhosis, massive splenomegaly, extensive varices
 - Haematology support: RBC transfusions for pancytopenia; no GI bleeding

Delivery Planning

- Delivery & Outcome
 - Planned C-section at 31 weeks (risk of hepatic decompensation)
 - GA with massive haemorrhage protocol
 - Male infant, 1922g; EBL 1000ml
 - Post-op: Liver ITU → Maternity HDU
- Stable maternal and neonatal outcomes