

Decompensated Cirrhosis in Pregnancy Complicated by Placental abruption

Silvia Chiang MD; Brianne Caoyonan MD

UCI Anesthesiology & Perioperative Care

Background:

Cirrhosis in pregnancy is associated with higher maternal and fetal morbidity and mortality.

Management of decompensated cirrhosis is further complicated by the unique hemostatic alterations of pregnancy superimposed on cirrhosis-related coagulopathy.

We present a case of a patient with underlying cirrhosis with acute decompensation during pregnancy further complicated by placental abruption requiring emergent dilation and evacuation.

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42 year old G5P004 at 20W3 presented with preeclampsia

PMHx:

- Alcoholic cirrhosis: First diagnosed immediate prior to pregnancy. No hx of acute decompensations. No esophageal varices on EGD. Stopped alcohol during pregnancy.

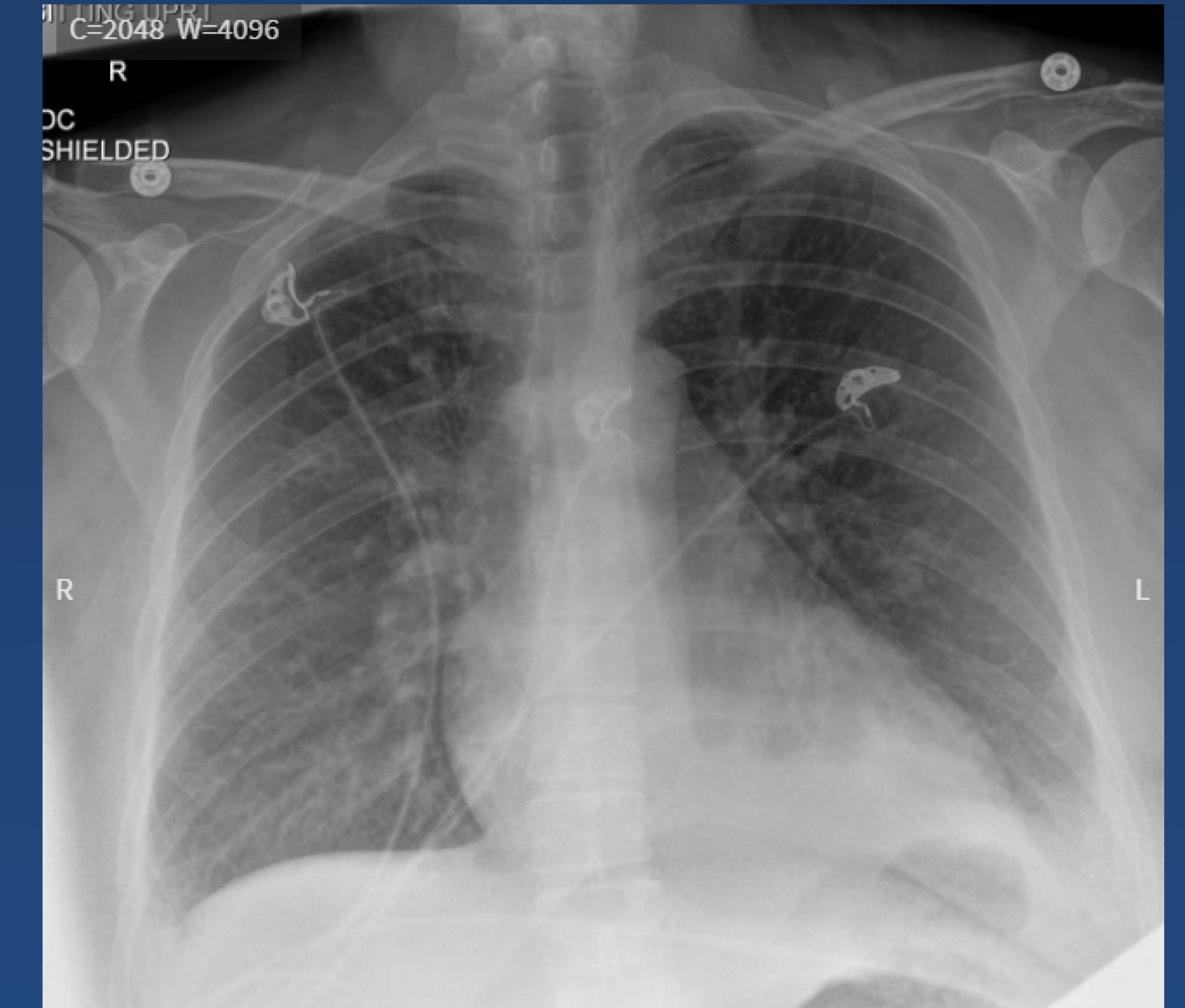
On presentation:

- Worsening leg swelling, weight gain, jaundice for past two weeks
- MELD 28, Child-Pugh Class C

→ Plan to continue pregnancy inpatient under guidance of hepatology and OB

Day 3:

- Worsening coagulopathy (INR 2.0, fibrinogen 89), increased ascites and pulmonary edema
- Acute vaginal bleeding with severe abdominal pain -> concern for placental abruption -> Emergent D&E



Emergent D&E:

- Two large bore IVs already in place
- On route to OR: IV vitamin K, PCC, all blood products ordered and available
- GETA with RSI and Arterial line
- TXA, 3 FFP, 4 cryoprecipitate, 2 pRBC, and 2 platelets

Successful D&E, patient made stable recovery

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Teaching Points:

- The physiologic changes of pregnancy predispose cirrhotic patients to worsening portal hypertension and acute decompensation
- Advanced liver disease disrupts both procoagulant and anticoagulant pathways, resulting in a fragile hemostatic balance that can rapidly decompensate during stress, bleeding, or placental pathology
- Early administration of targeted blood products and procoagulant therapy was essential in stabilizing the patient and minimizing hemorrhagic complications
- Anesthetic care in this setting requires careful consideration of airway management, choice of anesthetic technique, and rapid correction of coagulopathy in collaboration with obstetrics and hepatology.