PREGNANCY IN ADDISON'S DISEASE

by

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Addison's Disease in itself is an uncommon condition, so the occurrence of pregnancy in a patient with Addison's Disease is a rare event. Rolland et al (1953) found only two cases amongst 60,000 deliveries. Allahbadia (1960), reviewing the literature, recognised approximately 66 cases of pregnancy in Addison's Disease and added one successful case of his own. Of these, sixteen pregnancies have occurred in the past ten years when potent adrenal cortical hormones (D.O.C.A. and Cortisone) have been available. Among these sixteen pregnancies there was one maternal death. In spite of the rarity of this condition, the writer has brought another case of pregnancy in Addison's Disease to its successful conclusion.

Case Report. A woman aged 25 years, was admitted to the medical wards of the Chesterfield Royal Hospital on 29th August, 1958, for investigation of her recent loss of weight (almost 3 stones in the past 3 months), appetite, and occasional sickness. She had been having treatment for anaemia for one month before admission to hospital, but without any improvement in her general condition. General examination revealed no abnormality. The blood pressure was 100/70. The chest X-ray, the full blood count and the blood sugar were normal. Biochemistry showed low sodium count—130.0 mEq/litre, serum chloride — 100 mEq/litre; and serum potassium was 4.23 mEq/litre. The Kepler test was suggestive of, but not very conclusive of Addison's Disease. The 17-Ketosteroids estimation was 0.6 mg./day and 17-Ketogenic steroids 1.4 mg./day. Both the steroid levels were very low and quite consistent with the diagnosis of Addison's disease. All these investigations lead to the definite diagnosis of Addison's disease. She was started on cortisone 25 mg. four times daily and her condition improved considerably. She was advised to take generous helpings of salt with her food. She was stabilised on cortisone 25 mg. twice daily before her discharge from hospital on 13th September, 1958. A year after leaving the hospital conception occurred and she was referred to the ante-natal clinic at Scarsdale Hospital, Chesterfield.

Ante-Natal Notes

The patient, 26 years old and married for 5 years, attended the Scarsdale Hospital ante-natal clinic on 3rd November, 1959. She was a healthy looking primigravida. General medical examination revealed no abnormality. She was found to be Rhesus positive and W. R. negative. The expected date of delivery was calculated to be 4th May, 1960. Pregnancy proceeded normally, uncomplicated by hypertension or pre-eclampsia. The foetus presented by the breech at 24 weeks but had undergone spontaneous version by the 28th week. It remained thus and the foetal head was engaged at the 35th week. The maternal pelvic cavity and outlet were adequate.

At the 35th week, she complained of swelling of her legs and ankles and her blood pressure was found to be 136/88,

showed that patients receiving adequate substitution therapy tolerate analgesics and anaesthetics normally. Rolland et al. (1953) mentions the various hazards which an Addisonian patient has to face during pregnancy, labour and puerperium, but it has been observed by different authors that the clinical course of Addison's disease which has been adequately stabilised by cortisone therapy in the non-pregnant state is in no way adversely affected by pregnancy. Further, there is nothing to suggest that cortisone administration affects the pregnancy itself adversely under these conditions (Hendon and Melick 1955; Hills et al. 1954; Hunt et al. 1953; Brent, 1950).

In the present case the pre-pregnancy dose of cortisone (50 mg. daily) was maintained unchanged throughout the pregnancy. At the 35th week of pregnancy the patient complained of swelling of her legs and ankles and her blood pressure was found to be higher than it had been previously. She was advised to reduce her salt (sodium chloride) intake which reduced her oedema of the legs and brought the blood pressure down to normal level within a week. Kaiser (1956) has suggested that during the last trimester there is a reduction in the demand for additional sodium chloride possibly due to some mineralocorticoid production by the placenta, and Thorn et al (1942) suggested that when maintenance therapy has included a mineralocorticoid, this should be curtailed during the last trimester. During labour the stress of physical exertion, haemorrhage, pain and anaesthesia can precipitate an Addisonian crisis. To forestall that complication cortisone 200 mg. was given on the day of delivery and 100 mg. for the next three days. The high dosage was gradually reduced to 25 mg. B.D. over the next four days.

In the first case presented by the writer (Allahbadia 1960) the infant started vomiting on the second puerperal day and this was relieved by the administration of Ringer's solution in between the diluted feeds. Though the blood chemistry done on the third day did not reveal any abnormality, but thinking in retrospect, it is possible that the foetal adrenal glands could have been inhibited (though temporarily) by the administration of heavy doses of cortisone to the mother during labour. In the present case the baby was given 25 mg. cortisone soon after birth and in reducing doses over the next four days. The baby thrived well and was discharged in good condition on the fourteenth day of puerperium.

Summary

One further case of pregnancy in Addison's Disease and its successful management during pregnancy, labour and puerperium is described. The patient developed oedema of legs and ankles with raised blood pressure at the 35th week of pregnancy. She was treated by reduced salt-intake. She started labour spontaneously at the 38th week and was delivered with Wrigley's forceps after pudendal block analgesia. Both mother and child were discharged in good condition.

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