RECURRENT JAUNDICE OF PREGNANCY

(A Case Report)

by

RANGILA SINHA,* M.S., D.G.O.

and

K. D. ARORA,** M.S.

Recurrent jaundice or idiopathic jaundice of pregnancy is a rare complication of pregnancy in India.

From the review of literature it is apparent that recurrent jaundice of pregnancy or idiopathic jaundice of pregnancy is not so uncommon in Scandinavia, is less frequent in America, but is comparatively rare in India.

In this particular clinical entity jaundice appears in the last trimester of pregnancy and disappears completely within a few days of puerperium. If the woman is multiparous there will be similar history of jaundice in all previous pregnancies. There is not much constitutional upset, except nausea and anorexia. Recovery from jaundice is complete and there is no untoward effect on the maternal or foetal health.

The authors came across two case reports from India while reviewing the literature. One by Mohini *et al*, 1966 from Delhi and another by Ashar and Purandare from Bombay, 1967.

Case Report

Mrs. N. D., aged 30 years, 5th gravida was admitted on 1-12-72 for the treatment of 8 months pregnancy with jaundice and pruritus of 4 weeks duration.

She gave history of jaundice during her four previous pregnancies. Jaundice used to appear in the beginning or end of the 7th month of her pregnancy and disappeared within a few days after confinement. Among her four previous pregnancies three were full term normal deliveries and one 6 months abortion. There was no maternal or foetal complications but for the jaundice and pruritus during previous pregnancies or childbirths. There was no history of taking any chlorpromazine derivative during previous pregnancies or the present one.

On examination her general health was poor and she looked emaciated. Pulse was 92 per minute, regular, temperature was 97°F. Blood pressure was 110/70 mm of Hg. Icterus was well marked, spleen and liver were not palpable. Uterus was 36 weeks' size. Vertex was floating in right occipito anterior position. Foetal heart sounds were 140 per minute, regular.

Investigations:

i. Urine: High coloured, bile salts and bile pigments present urobilinogen was normal.

ii. Blood: Serum bilirubin 2.7 mgs. per 100 mls. Haemoglobin—10 gms per cent. Total W.B.C. 9300 per cu mm of blood. Diff. W.B.C.—neutrophils—66%, lymphocytes—23%, eosinophils—9%, basophils—nil, monocytes—2%.

iii. Liver Function Tests—S.G.P.T. 75 units per 100 mls. of blood. Thymol turbidity—2 units. Albumin—3.4 gms. globulin 2.6 gms. per 100 mls of blood. Van-den-Berg test—direct positive.

*Resident Surgical Officer, Department of Obst. & Gynaecology, Darbhanga Medical College.

**Professor of Obst. & Gynaecology, Darbhanga Medical College.

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Patient was admitted in hospital and was kept on following treatment. Vit. C (500 mgs.) 1 tablet daily—Vit. B Complex 1 tab. daily. Liver extract 2 mls. intramuscular on alternate day. Antihistaminic (Forestal) 1 tablet daily. She was put on plenty of fruit juice and low salt diet.

Pruritus and anorexia disappeared within a few days after treatment but icterus persisted till the delivery of the child. She remained in hospital for one month and had normal vaginal delivery of a male live child weighing 3 Kgms. at term. Icterus completely disappeared within 10 days of confinement and she was discharged from hospital after 15 days of confinement.

Discussion

Some writers have called it hepatotoxaemia of pregnancy, obstetric hepatosis or cholestatic jaundice of pregnancy. This is not a common disorder of pregnancy.

In this particular case, there was jaundice, pruritus and anorexia, but typical symptoms of hepatocellular jaundice like fever, pain, vomiting were absent. Patients gave history of same type of jaundice in all her previous pregnancies. Every time jaundice started in the 7th months of pregnancy and cleared up in early part of puerperium. There was no icterus in between pregnancies.

Liver function tests—like thymol turbidity was within normal limit, serum glutamic pyruvic transminase was slightly raised, plasma proteins were also within normal limit. There was bile in the urine but urobilinogen content of urine was normal. Needle biopsy of liver was not done in this particular patient as patient did not allow.

Svanborg *et al*, (1954) have done histological examination of liver in recurrent jaundice of pregnancy and have found evidence of intrahepatic cholestasis. The explanation for bile stasis is unknown but it is suggested that the bile may be insipissated due to change in the permeability related to endocrine anomaly. (Popper and Schaffner 1959).

The aetiology of this disease is not known, but occurrence of jaundice during a particular period of each pregnancy and complete recovery after confinement is suggestive of some endocrine imbalance.

According to Sallomi and Belew 1965 the chemical structure of progesterone and testosterone is identical therefore elevated level of progesterone in the last trimester of pregnancy might be the cause of jaundice, but why this happens in a particular patient is not known.

Thorling, Svanborg and Brown *et 'al* have reported about recurrent jaundice of pregnancy in which jaundice appeared in the last four weeks of pregnancy.

Mohini 1966 has reported a case of recurrent jaundice of pregnancy in which jaundice appeared much earlier in 12 to 14 weeks of pregnancy.

Laxami and Purandare 1967 have reported one case of recurrent jaundice of pregnancy and another case of spherocytic anaemia causing jaundice during pregnancy. In this particular patient jaundice used to appear from the 7th month of pregnancy.

Summary

A case of recurrent jaundice in pregnancy is presented. The case history and biochemical findings of the case are given.

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