

## Jaundice in Pregnancy

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A 30 year old gravida two para one living – one with eight months amenorrhoea presented to the antenatal OPD of Rajawade Hospital, Mumbai with chief complaint of vomiting, epigastric pain, yellowish discoloration of sclera and high coloured urine since 7 days. Patient gave a history of being admitted earlier for management of high blood pressure and was on antihypertensives.

On examination patient was deeply icteric but conscious and responding to commands. Her blood pressure was 130/100, urine albumin was trace and knee jerks were normal. General and systemic examination were normal. On per abdomen examination uterus corresponded to 34 weeks gestation with fetus in cephalic presentation. Fetal heart sound could not be heard with stethoscope or Doppler. Pelvic examination revealed uneffaced cervix with 1 cm dilatation. Ultrasonography revealed single fetus of 35 weeks with IUTD.

### Investigations

Hb = 12.1 gm % WBC = 12,200  
Platelet = 1.11 lakh /mm<sup>3</sup> (N= 1.5-4.0 lakh/mm<sup>3</sup>)  
↑ Sr. Bilirubin – Total = 8.7 (N= 0.2 – 1.1 mg/dl)  
↑ Direct = 6.39 (N= 0.4 mg/dl)  
↑ Indirect = 2.4 (N= 0.2-0.8 mg/dl)  
S.G.O.T = 205 U/l (N= 40-35 U/l)  
S.G.P.T = 119 U/l (N= 9-43 U/l)  
Sr. AlkPO4 291  
Sr. T.DH = 180 U/l (N= 70-306 IU)  
Sr Proteins = 5.8 (N= 6.2-8g/dl)  
Sr Creatinine Normal  
Coagulation Profile  
Bleeding Time = 3 min (N= 2-6 min)  
Clotting Time = 6 min (N= 4-10 min)

↑ Sr fibrinogen = 77.5 mg % (N= 450-450 mg %)  
↑ Fibrinogen degradation products = 40 (N= < 50 mg %)  
(N= < 5 mg/ml)  
↑ PTT=69.3 control 27 sec  
↑ PT=25.9 control 9 sec  
↑ D-dimer=2000 mg/ml (N= < 500 mg/ml)  
Markers for viral hepatitis  
Hbs Ag = Negative  
Blood gp O+ve  
VDRL Negative  
Fundoscopy – Grade I hypertensive retinopathy

### Management

Patient was given bed rest, strict control and frequent monitoring of arterial blood pressure, blood sugar, coagulation and acid – base balance. Cerviprime gel was instilled for induction of labour, patient progressed well and delivered macerated stillbirth female child of 2.2 kg within 8 hrs. Placenta did not reveal any abnormality. No postpartum hemorrhage seen. In view of deranged coagulation profile, patient was transfused 5 bags of fresh frozen plasma and 4 bags of platelets + 2 bags of cryoprecipitate. Inj Vit K, 10 mg given.

Later patient was started on 1 Hepa – Merz (taurorithine L-aspartate) 1-1-1 for 15 days. It increases hepatic detoxification capacity and significantly lowers neurotoxic ammonia. Patient kept in the hospital for observation. Repeated investigation revealed normal liver function tests with Sr Bilirubin 1.66. Patient was discharged after 7 days and is having regular follow up.