

Question 24 – February 15

A 19 year old healthy primigravida at 10 weeks' gestation has had intractable vomiting for 2 weeks. She is dehydrated and has lost 10 lbs. Results of liver chemistry tests are as follows: AST 346 U/L, ALT 675 U/L, and bilirubin 3.4 mg/dL.

Which of the following is the most likely diagnosis?

- A. Acute viral hepatitis
- B. Acute fatty liver of pregnancy
- C. Hyperemesis gravidarum
- D. Gastric outlet obstruction
- E. Cholecystitis

Answer: C

Intractable vomiting with dehydration and weight loss in a young primigravida in the first trimester is typical of hyperemesis gravidarum. The aminotransferase values may be elevated more than ten-fold and bilirubin increased up to 5 mg/dL. Acute viral hepatitis is the most common cause of jaundice in pregnancy and can occur at any time. Biochemically, the elevated aminotransferase levels in this patient are consistent with viral hepatitis, but it would be unusual for a patient with viral hepatitis to have such severe vomiting and weight loss. Acute fatty liver of pregnancy is a disease of the third trimester and does not occur in the first trimester. The appearance of gastric outlet obstruction in a previously healthy person would be rare and would not explain the increase in aminotransferases. Gallbladder stones and cholecystitis are common in pregnancy but do not cause such severe vomiting and weight loss.

Reference:

Rinella, M, Blei, A, Pregnancy and the liver. *Glob. libr. women's med.*, (ISSN: 1756-2228) 2008; DOI 10.3843/GLOWM.