

Question 23 – Week of December 6

A 29 year old G1P0 female in her 29th week of pregnancy presents with jaundice and pruritis. She notes that she had previously had a “reaction” to a “full strength” oral contraceptive which resolved when her OB/GYN switched her to a “minipill.” Physical exam is notable for scleral/subungual icterus, an appropriately gravid non-tender abdomen and a normal neurological exam. Labs are notable for a normal complete blood count and platelets, an elevated serum alkaline phosphatase= 250mg/dL, normal GGT, total bilirubin=5.0mg/dL, normal PT/INR.

The most appropriate care for this patient’s most likely condition now is:

- A. Immediate delivery.
- B. Urgent plasmaphoresis.
- C. Ursodeoxycholic acid, with consideration for dexamethasone.
- D. Pyridoxine and antiemetics as needed
- E. Hepatic embolization or surgery.

Answer: C

Benign intrahepatic cholestasis is a benign condition that frequently in 0.1% of pregnancies. It is thought to be related to sensitization to estrogen. A 7 day course of dexamethasone may improve symptoms, liver tests and fetal maturity.

Other treatments not supported by this patient’s presentation for related liver disease associated with pregnancy include answers: A-immediate delivery for acute fatty liver of pregnancy, B-plasmaphoresis for HELLP syndrome, D- Pyridoxine and antiemetics for hyperemesis gravidarum, and E- hepatic embolization and surgery for hepatic infarction and rupture.