

# A case of idiopathic acute hepatitis with complications in mid-trimester pregnancy

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## Problem statement:

Liver diseases in pregnancy although rare but they can seriously affect mother and fetus. It is difficult to identify features of liver disease in pregnant women because of physiological changes. Physiologic changes of pregnancy can be confounding with the symptoms of liver diseases. It can not only complicate mother's life but also burden of life of fetus.

## Methods:

We present a case of idiopathic acute hepatitis with complications in mid-trimester pregnancy

## Results:

A 32-year-old multiparous pregnant woman (gravida 2, para 1) at 16 weeks gestation presented with high fever, upper abdominal pain and tachycardia. In pelvic examination, poor odor of vaginal discharge was noted and the cervix was 1 centimeter dilated and 50 percent effaced. Laboratory results showed impaired liver function tests, high levels of C-reactive protein positive DIC profiles. Cultures for *Ureaplasma urealyticum* and *Mycoplasma hominis* in vaginal discharge were positive.

Under diagnosis of clinical chorioamnionitis with secondary progression of DIC, she underwent termination of pregnancy and after that, computed tomography was performed. The results of it showed hepatopathy with a secondary change of gallbladder, splenomegaly and pleural effusion in both lungs (Figure 1.). The laboratory tests for acute viral hepatitis, autoimmune hepatitis and hepatitis caused by Wilson disease were normal.

She received transfusions of fresh frozen plasma (FFP) and platelet concentrate to correct for coagulopathy and thrombocytopenia and was treated with symptomatic management for acute hepatitis and chorioamnionitis. She was discharge in good condition without specific complications

## Conclusion:

Acute viral hepatitis is the most common disorder in pregnancy. Although there are pregnancy-related liver disorders such as acute fatty liver of pregnancy, HELLP (Hemolysis, elevated liver enzymes, low platelets) syndrome, intrahepatic cholestasis of pregnancy, they occur after 20 weeks gestation.

In this case, she was at 16 weeks gestation so the probability of pregnancy-related liver disorders was low. And she had chorioamnionitis with DIC so sepsis was suspected. In consideration of her general condition, we decided termination of pregnancy and after that, she was managed about acute hepatitis.

We report an uncommon case of acute hepatitis of unknown causes with DIC and clinical chorioamnionitis coincidentally in mid-trimester pregnancy.

## Figure captions:

The images of computed tomography. (A) Hepatopathy with (B) secondary change in gallbladder and (C) splenomegaly

