Vomiting In Pregnancy

Learning Objectives:

By the end of this subject, the student will be able to:

-List **differential diagnosis of vomiting** during pregnancy.

- Define **Morning Sickness** & identify its incidence & fate.

-Define **Hyperemesis gravidarum,** identify its etiology, pathology, symptoms and signs, describe the different investigations & outline its management.

Etiology

I-Pregnancy-Induced:

1- Emesis gravidarum
2- Hyperemesis gravidarum.
3- Molar pregnancy
4- Acute polyhydramnios
(e.g. Monozygotic twins)
5- Severe PET

Etiology (contin.)

II-Pregnancy-Aggravated:

1-Acute Pyelo-nephritis

2-Peptic Ulcer.

3-Hiatus Hernia

4-Acute on top of chronic cholecystitis.

5-Torsion of an ovarian cyst

6-Acute hepatic cell failure.

Etiology (contin.)

III-Associating:

A-*Medical*:1- Gastro-enteritis

2- Uremia

B-*Surgical*:1- Acute intestinal obstruction

2- Acute appendicitis.

Morning Sickness

Definition:

Nausea with or without vomiting, usually in the early morning, not affecting the general condition, usually responds to just assurance, but sometimes needs simple anti-emetics.

Incidence:- >50% of pregnant women.

Onset: may be before the 1st missed period.

Fate:-usually passes off by 12-14 weeks.

Hyperemesis Gravidarum

Definition:

Nausea and vomiting, not restricted to the early morning, affecting the general condition, needs special management.

Incidence: 2‰

Etiology: *Theories*

1-**Hypersensitivity to hCG:** the most accepted; *evidenced* by:

*increased incidence & severity in cases with high hCG as:-molar pregnancy

-multiple pregnancy.

2-**Neurosis.**

3-**Adrenocortical insufficiency.**

4-**Vitamin deficiency:** B1 & B6

Pathology: - Only in fatal conditions.

- Resemble starvation.

A-Brain: *Werniche's encephalopathy*: brain stem congestion& petechiae

B-Retina: petechiae

C-Heart: petechiae

D-Liver: fatty infiltration

E-Kidney: fatty degeneration of the tubules.

F-Peripheral nerves: degeneration.

Diagnosis: Clinical:

A-*Symptoms*:Pregnancy with:

-History of emesis passing into hyperemesis:

-Vomiting:

*** frequent**

*** severe**

*** day &night**

*** may be with empty stomach**

*** may bile or blood stained**

-Thirst.

-Urine :scanty, concentrated.

-Constipation.

***B-Signs*:**

-Dehydration:

dry mouth, sunken eyes, weight loss, weak rapid pulse, hypotension, slight rise of temp.,

-Severe cases: Sings of Pathological Complications e.g. jaundice, drowsiness,..etc

Investigations:

-*U/S* :to exclude molar pregnancy, multiple pregnancy.

-*Urine analysis:*

-↓ chlorides .

-Ketonuria: anaerobic metabolism

-Albuminuria: renal affection.

-Bile: indicates liver function testing.

-*Liver functions*:-indicated on: jaundice, bile in urine.

-*Markers for hepatitis*: indicated on high liver enzymes.

Treatment:

I-Prophylactic: proper management of emesis gravidarum.

II-Psychological:- reassurance

- hospitalization.

III-Medical

1-nothing per mouth.

2-Careful observation chart:

-vital signs

-vomiting: frequency, amount, contents.

-urine: amount, Sp.Gr., alb., cl., bile, casts.

3-*IV replacement therapy* :

glucose 5%, saline, conc. glucose "on ketonuria"

4-*Parenteral Medications*:

-Antiemetics.

-Antihistaminics.

-Antiacids.

-Vitamins.

5-*Gradual oral feeding*:-dry food

-COH.

IV-Termination of Pregnancy:

Clinical Indications:

1-Persisant severe vomiting after one week of this regimen.

2-Persistant bad vital signs:

-Pulse>100b/m, -BP "systole" <100 mmhg,

-Temp.>38°C.

3-Jaundice.

4-Anuria.

Laboratory Indications:

1-Urine: -bile

-persistent proteinurea

-absence of cl.

2-Renal functions: uremia

3-Fundus examination:- Retinal petechiae.