

# به نام خدا

مورنینگ پزشکی خانواده ۱۱ بهمن ۱۴۰۴

نحوه اپروچ به بیمار خانم ۱۷ ساله با اختلال آنزیم های کبدی ۴ روز پس از زایمان

استاد راهنما : دکتر زهرا صنعت

فوق تخصص گوارش و کبد بالغین

ارایه از دکتر پدرام عابدینی و تهیه و تنظیم علی طرزمنی

## شکایت اصلی بیمار: زردی چشم و تهوع و استفراغ

شرح حال: بیمار خانم ۱۷ ساله متاهل اهل ایران که ۴ روز پس از زایمان با شکایت از زردی چشم از روز گذشته (روز ۳ بعد از زایمان) که همراه با حالت تهوع و استفراغ بوده مراجعه کرده اند.

استفراغ بیمار غیر خونی بوده غیر صفراوی بوده و ایتر در ملتحمه مشهود است. تب، درد شکمی اسهال یا یبوست در روزهای بعد از زایمان ذکر نمی کردند. شرح حالی از خارش ذکر نمی کردند.

زایمان سزارین با اندیکاسیون مامایی بوده و علت آن عدم پیشرفت زایمان و حاصل زایمان فرزند دختر با وزن ۳۳۷۰، قد ۵۱.۵ و دور سر ۳۵ سانتی متر بوده است. بارداری مادر بدون برنامه ریزی قبلی بوده است. گروه خونی مادری O منفی بوده است.

## ادامه شرح حال (مامایی)

بیمار خانم G1 P1(C/S) L1 Ab 0 که زایمان سزارین ۴ روز قبل با اندیکاسیون مامایی بوده و علت آن عدم پیشرفت زایمان بوده است.

حاصل زایمان فرزند دختر با وزن ۳۳۷۰ ، قد ۵۱.۵ و دور سر ۳۵ سانتی متر بوده است. بارداری مادر بدون برنامه ریزی قبلی بوده و گروه خونی مادری O منفی بوده است. در دوره بارداری بیمار شرح حالی از آنمی فقر آهن را ذکر میکردند که با قرص فرسولفات خوراکی درمان شده و مصرف مکمل های دوره بارداری هم در مراقبت های بارداری دریافت نموده بودند.

PMH: iron deficiency anemia in pregnancy (treated with oral ferrous sulphate)

PSH: C/S 4 days ago

DH: ferrous sulphate during the pregnancy, Cephalexin, Acetaminophen (PRN)

AH: non

FH: non

HH: non

در معاینه فیزیکی

بیمار خانم ۱۷ ساله بیدار و هوشیار که در کلینیک نشسته و اورینته به مکان و زمان و شخص میباشد. به خوبی به سوالات پاسخ میدهد. اسکلرا در معاینه ایکتریک بوده و ملتحمه pale نمی باشد.

در سمع قلبی S1 S2 بدون سوفل سمع شده و کلیک یا murmur سمع نشد. تاکی کارد نمی باشد.

سمع ریه clear بوده و قرینه و بدون ویز یا کراکل سمع شد.

نبض اندام ها یک پلاس و در هر چهار اندام قرینه می باشد.

شکم در معاینه نرم بوده، فاقد تندرns و ریباند تندرns و گاردینگ بوده، (فاقد مورفی ساین) و برش فن هایپوگاستریک بخیه شده در معاینه شکمی مربوط به سزارین ۴ روز قبل مشهود است.

علائم حیاتی بیمار در کلینیک پایدار می باشد

## خلاصه و جمع بندی موارد مثبت بیمار

بیمار خانم ۱۷ ساله متاهل که در اولین ویزیت مراقبتهای پس از زایمان ، ۴ روز پس از زایمان سزارین (با علت عدم پیشرفت زایمان) با شکایت از زردی چشم از روز گذشته (روز ۳ بعد از زایمان) که همراه با حالت تهوع و استفراغ بوده مراجعه کرده اند. تب دار نبوده و علائم حیاتی پایدار بوده و شکم بیمار در معاینه نرم و بدون تندرns است.

DDx:

1. Cholelithiasis and passed stone

2. HEV infection

3. HELLP syndrome

4. Acute fatty liver of pregnancy

5. Budd-chiary syndrome precipitated by pregnancy

6. Autoimmune hepatitis triggered post partum

بررسی هر کدام از تشخیص های افتراقی و موارد به نفع یا ضرر هر کدام:

## 1. Cholelithiasis and passed stone

Gallstones are more common during pregnancy due to decreased gallbladder motility and increased cholesterol saturation of bile.

Almost all pregnant women undergo one or more obstetrical ultrasound examinations, which may include the right upper quadrant (RUQ). Thus, an incidental finding of gallstones is not uncommon.

In most patients, the first symptoms experienced from gallstones are recurrent pain attacks (biliary colic). Patients with biliary colic complain of epigastric or RUQ pain. The onset of pain is typically between one and three hours postprandially. A history of fatty food ingestion before the initial onset of pain is common. The discomfort progresses in less than one hour to a steady plateau that ranges from moderate to excruciating and remains constant for more than one hour, then slowly subsides over several hours.

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## 1. Cholelithiasis and passed stone

Less frequently, the initial symptoms are those of one of the complications of gallstones, most commonly acute cholecystitis. The presentation of acute cholecystitis is similar to that in nonpregnant women: RUQ or epigastric pain that is steady and severe, prolonged (more than four to six hours), and possibly radiating to the right shoulder or back. Associated symptoms include fever, anorexia, nausea, and vomiting. Abdominal examination usually demonstrates voluntary and involuntary guarding and, frequently, a positive Murphy's sign. The constitutional symptoms and prolonged duration of pain help to distinguish acute cholecystitis from biliary colic.

Laboratory studies should be normal in patients with uncomplicated gallstone disease, both during asymptomatic periods and during attacks of pain. Abnormal blood tests such as leukocytosis, elevated liver, or pancreas tests suggest the development of a complication of gallstone disease, such as cholecystitis, cholangitis, or pancreatitis. Laboratory results need to be interpreted with respect to the normal range for pregnant women, which is sometimes different from the nonpregnant state

بررسی هر کدام از تشخیص های افتراقی و موارد به نفع یا ضرر هر کدام:

## 2.HEV infection

Hepatitis E virus (HEV) generally causes a self-limited acute infection, although acute hepatic failure can develop in a small proportion of patients.

The incubation period of HEV infection ranges from 15 to 60 days . The vast majority of patients with acute HEV are asymptomatic or mildly symptomatic . The proportion of people who develop clinical features following acute infection varies based upon age and prior HEV exposure.

In symptomatic patients, jaundice is usually accompanied by malaise, anorexia, nausea, vomiting, abdominal pain, fever, and hepatomegaly. Other less common features include diarrhea, arthralgia, pruritus, and urticarial rash.

In regions where hepatitis E virus (HEV) infection is endemic, acute hepatic failure occurs more frequently when HEV occurs during pregnancy. In one study in India, hepatic failure was more common during the third trimester. Acute HEV infection during pregnancy has been associated with a mortality rate of 15 to 25 percent. However, exposure to HEV early in life may reduce the risk of acute liver failure in pregnant women who become reinfected later in life (eg, pregnant women in Egypt)

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The diagnosis of hepatitis E virus (HEV) should be considered in patients who present with acute or chronic hepatitis that cannot be explained by other causes. This includes putative cases of drug-induced liver injury which have been misclassified because HEV testing was not performed

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### 3.HELLP syndrome

HELLP is an acronym that refers to a syndrome characterized by Hemolysis with a microangiopathic blood smear, Elevated Liver enzymes, and a Low Platelet count. It probably represents a severe form of preeclampsia. As many as 15 to 20 percent of patients with HELLP syndrome do not have antecedent hypertension or proteinuria, leading some authorities to believe that HELLP is a separate disorder from preeclampsia.

A previous history of preeclampsia or HELLP is a risk factor for HELLP syndrome

In contrast to preeclampsia, nulliparity is **not** a risk factor for HELLP syndrome .Half or more of affected patients are multiparous.

The most common symptom is abdominal pain and tenderness in the mid-epigastrium, right upper quadrant, or below the sternum .Many patients also have nausea, vomiting, and malaise, which may be mistaken for a nonspecific viral illness or viral hepatitis, particularly if the serum aspartate aminotransferase (AST) and lactate dehydrogenase (LDH) are markedly elevated .Less common signs and symptoms include headache, visual changes, jaundice, and ascites.

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Signs and symptoms typically develop between 28 and 36 weeks of gestation, but second trimester or postpartum onset is also common.

The disease presented postpartum in 30 percent, usually within 48 hours of delivery, but occasionally as long as 7 days after birth.

To diagnose, we should check:

- Complete blood count with platelet count
- Peripheral smear
- Aspartate aminotransferase (AST), bilirubin

بررسی هر کدام از تشخیص های افتراقی و موارد به نفع یا ضرر هر کدام:

#### 4.Acute fatty liver of pregnancy

The clinical presentation of AFLP commonly includes nausea and vomiting, abdominal pain, malaise, polydipsia/polyuria, jaundice/dark urine, encephalopathy, and hypertension/preeclampsia.

It is more common with multiple gestations and possibly in women who are underweight.

Acute fatty liver occurs typically in the third trimester. The disease is always present before delivery, although it is not always diagnosed prior to delivery. The most frequent initial symptoms are nausea or vomiting (approximately 75 percent of patients), abdominal pain (particularly epigastric, 50 percent), anorexia, and jaundice. About one-half of patients have signs of preeclampsia at presentation or at some time during the course of illness.

بررسی هر کدام از تشخیص های افتراقی و موارد به نفع یا ضرر هر کدام:

### 5. Budd-chiary syndrome precipitated by pregnancy

Nearly 20 percent of cases of the Budd-Chiari syndrome occur in women who have been on oral contraceptives (for as little as two weeks), are pregnant, or have delivered a child within the previous two months. It is presumed that the hypercoagulable state in these women is responsible for this association.

Symptoms in patients with Budd-Chiari syndrome may include fever, abdominal pain, abdominal distension (from ascites), lower extremity edema, jaundice, gastrointestinal bleeding (from varices or portal hypertensive gastropathy), and/or hepatic encephalopathy. Patients with subacute or chronic Budd-Chiari syndrome may be asymptomatic

بررسی هر کدام از تشخیص های افتراقی و موارد به نفع یا ضرر هر کدام:

## 6.Autoimmune hepatitis triggered post partum

Autoimmune hepatitis has a heterogeneous and fluctuating nature, leading to marked variability in its clinical manifestations. The spectrum includes asymptomatic patients, those with considerable and sometimes debilitating symptoms, and those with acute liver failure. Furthermore, long periods of subclinical disease may occur before or after presentation. Physical findings range from a normal physical examination to the presence of hepatomegaly, splenomegaly, stigmata of chronic liver disease, and jaundice.

The presumed environmental triggering agent(s) important in autoimmune hepatitis are unknown, but may involve viruses, drugs, herbs, and immunizations. There is some evidence implicating measles virus, hepatitis viruses, herpes simplex virus, varicella zoster virus, cytomegalovirus, and Epstein-Barr virus as initiators of disease, perhaps involving a long latency period after infection, perhaps because of molecular mimicry of viral sequences to host proteins

CBC:

WBC: 7000

RBC: 4.11

Hb: 11.7

MCV: 83

Plt : 387000

Bili T : 1.2

Bili D : 0.5

AST: 136

ALT : 296

ALP : 582

Amylase : 28

Lipase : 34

آزمایشات و پاراکلینیک:

The urine analysis was unremarkable and not contaminated

Urine Analysis		Microscopic	Result
Macroscopic	Result	W.B.C	2-3
Urine analysis	-	R.B.C	0-1
Color	Yellow	Ep. cells	1-2
Appearance	Clear	Bacteria	Rare
Specific gravity	1.025	Mucus	Negative
PH	6	Cast	Negative
Protein	Negative	Yeast	Negative
Glucose	Negative	Crystals	Negative
Bilirubin	Negative	Leukocyte esterase	Negative
Urobilinogen	Negative		
Ketones	Negative		
Nitrite	Negative		
Blood/Hb	Negative		
Ascorbic acid	Negative		

این مرکز دارای گواهینامه کیفیت ISO 9001:2015 می باشد.

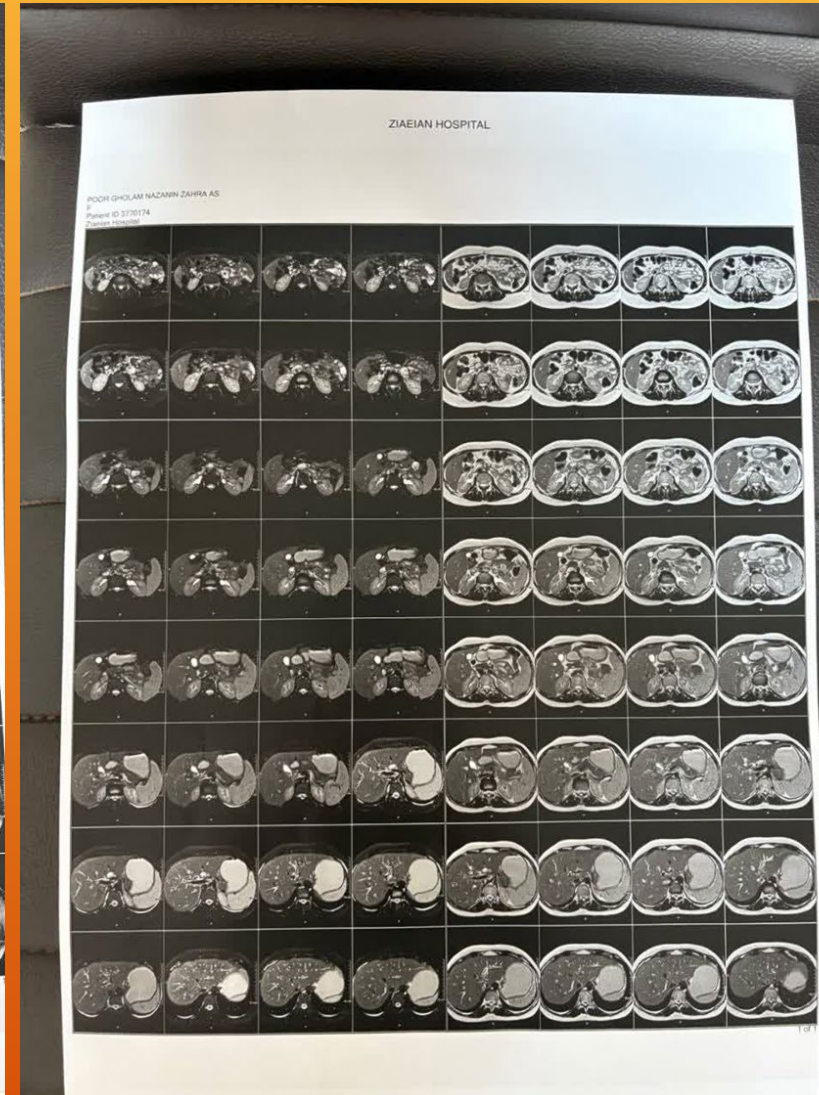
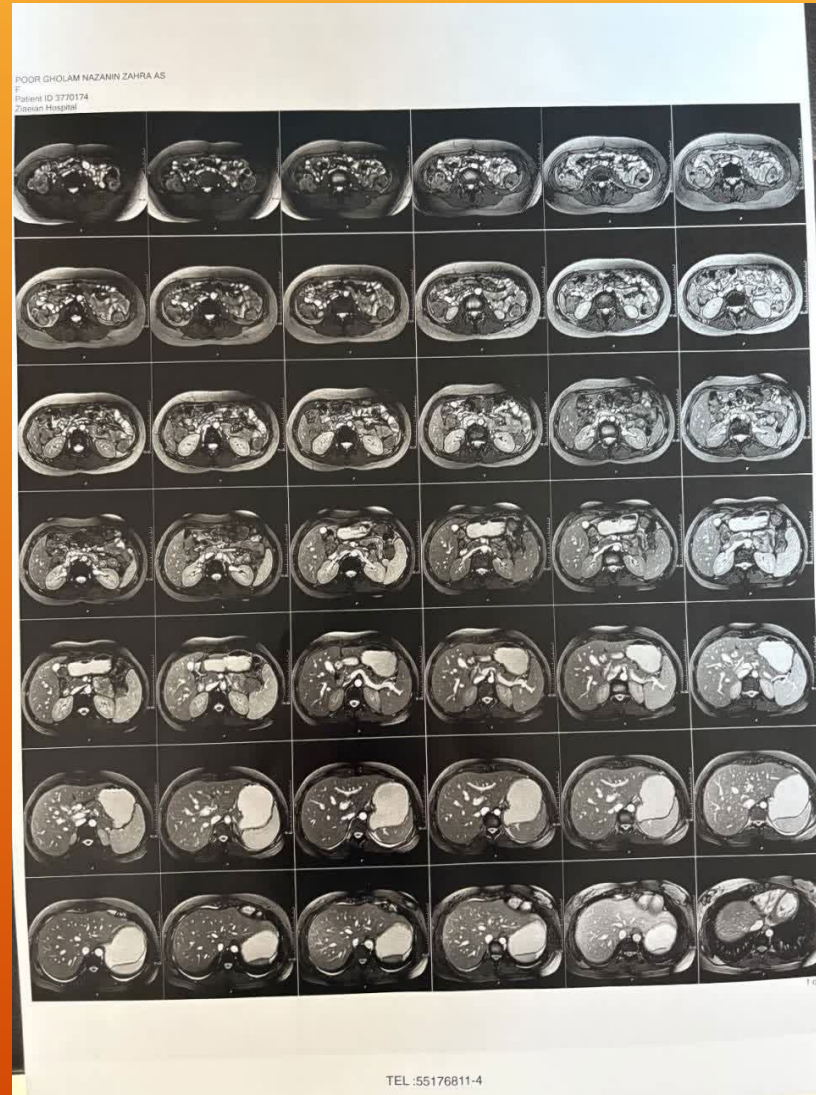
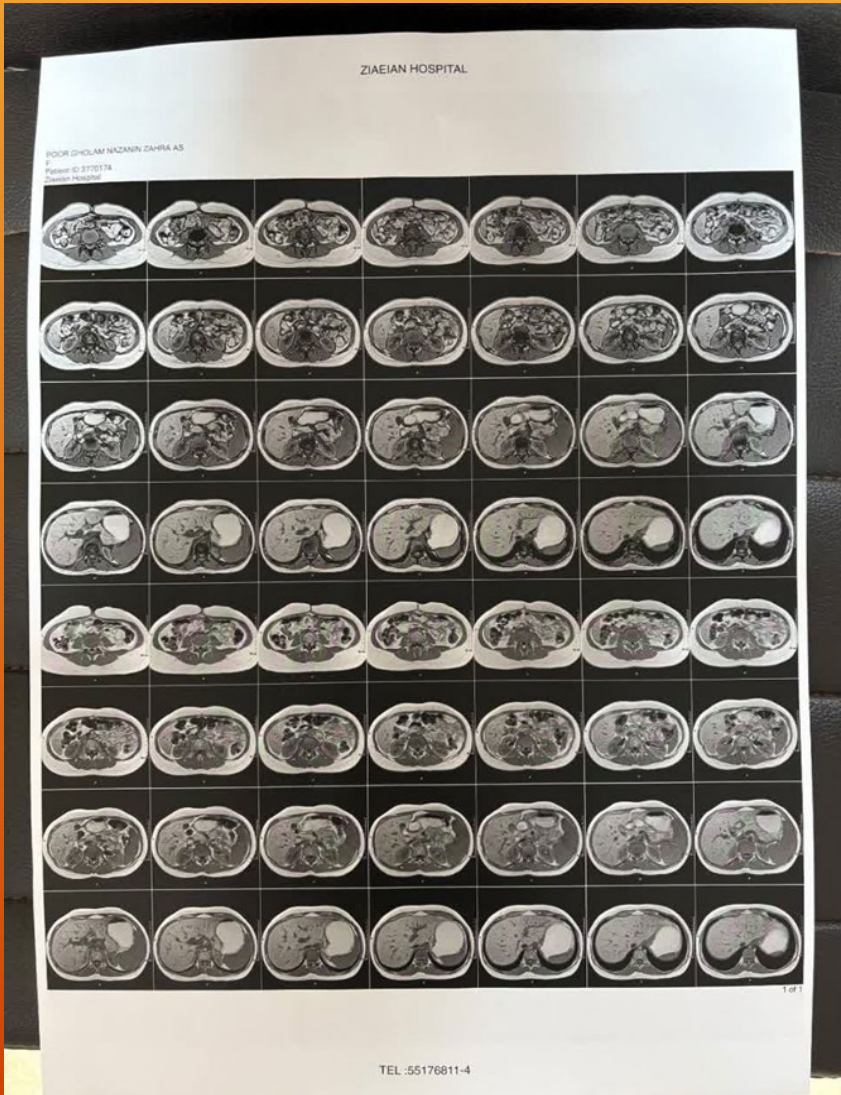
دکتر لیلیا بابایی  
Surgical  
Clinical  
Pathologist

QC

آزمایشات و پاراکلینیک:

در سونوگرافی کبد و کیسه صفرا و مجاری صفراوی تنها نکته مثبت وجود چند سنگ و اسلاخ صفراوی بوده و افزایش ضخامت کیسه صفرا یا دیلاتاسیون در مجاری صفراوی خارج کبدی رویت نشده بود.

Magnetic resonance cholangiopancreatography



آزمایشات و پاراکلینیک

MRCP انجام شده و رپورت اتندینگ رادیولوژی در مورد آن



**MRCP:**

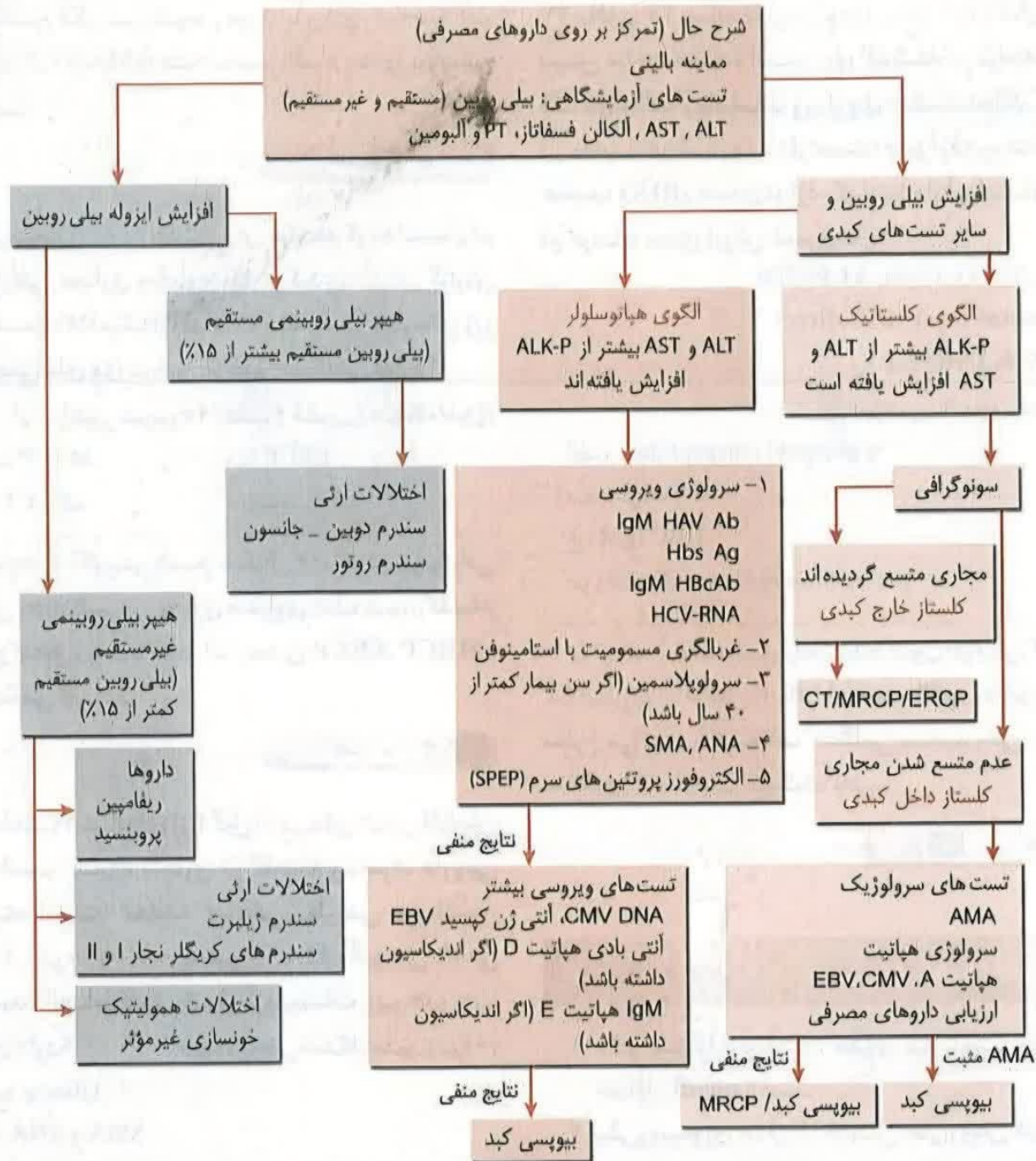
*dependent sludge and some small stones with maximum diameter 3 mm are seen at the gallbladder.*

*The position, caliber and intraluminal signal intensity within the common bile duct is normal.*

*The visualized cystic duct and portions of intrahepatic bile ducts appear normal.*

*The position, caliber and intraluminal signal within the pancreatic duct is normal.*

## نحوه اپروچ به بیمار با ایتر



ممنون از توجه شما

