

Liver cirrhosis and pregnancy: a case report and review of literature

Veronika Zvárová^{1,2}, Jiří Dolina^{1,2}, Michal Šenkyřík^{1,2}, Radek Kroupa^{1,2}, Lubomíra Hornáková^{1,2}, Petr Jabandžiev^{2,3,4}, Štěpán Hrabovský^{2,5}, Marta Číhalová^{2,6}, Jakub Hustý^{2,7}, Kornelia Mytsak², Lumír Kunovský^{1,2,8}

¹Department of Gastroenterology and Internal Medicine, University Hospital Brno, Czech Republic

²Faculty of Medicine, Masaryk University, Brno, Czech Republic

³Department of Pediatrics, University Hospital Brno, Czech Republic

⁴Central European Institute of Technology, Masaryk University, Brno, Czech Republic

⁵Department of Hematology, Oncology and Internal Medicine, University Hospital Brno, Czech Republic

⁶Department of Pathology, University Hospital Brno, Czech Republic

⁷Department of Radiology and Nuclear Medicine, University Hospital Brno, Czech Republic

⁸Department of Surgery, University Hospital Brno, Czech Republic

Liver cirrhosis is a chronic liver disease in which the liver tissue and the vascular beds are remodeled leading to impaired hepatic function. Portal hypertension and subsequent esophageal varices are a frequent complication of liver cirrhosis and are a cause of mortality in patients with liver cirrhosis. Pregnancy in women with liver cirrhosis is uncommon, the incidence being about 1 in 5 950 pregnancies. Hepatocellular damage and the associated alteration in the metabolism of the sex hormones is thought to be responsible and leads to anovulation. In spite of all these factors, women with cirrhosis can and do become pregnant. Pregnancy is successful in most of the patients with chronic liver disease, but maternal and fetal complication rates are still high for decompensated liver cirrhosis. Portal hypertension associated with pregnancy is a high-risk situation as both pregnancy and portal hypertension share some of the hemodynamic changes. Risks of variceal bleeding and hepatic decompensation increases many fold during pregnancy. Despite the possible complications mentioned above, the maternal-fetal morbidity and mortality rates have been decreased by the current developments in hepatology, prevention of bleeding from varices with drugs and/or endoscopic variceal ligation, improvement in liver transplantation, and an increased experience in these issues.

We present a case of a 31-year-old female patient with liver cirrhosis who successfully managed pregnancy and birth without complications after the insertion of transjugular intrahepatic portosystemic shunt (TIPS). Unfortunately, 2 years after delivery, the patient developed lymphoblastic lymphoma and, despite intensive therapy for this disease, the patient died at the age of 40. We did not find any link between liver cirrhosis and lymphoblastic lymphoma.

Key words: pregnancy, gravidity, liver, cirrhosis, varices, transjugular intrahepatic portosystemic shunt, lymphoma.

Jaterní cirhóza a těhotenství: kazuistika a přehled literatury

Jaterní cirhóza je chronické jaterní onemocnění, při kterém dochází k přestavbě jaterní tkáně a cévního řečiště vedoucí k poruše funkce jater. Portální hypertenze a následný vznik jícnových varixů jsou častou komplikací jaterní cirhózy a příčinou úmrtnosti u pacientů s jaterní cirhózou. Těhotenství u žen s jaterní cirhózou je vzácné, incidence je přibližně 1 z 5 950 těhotenství. Důvodem je především hepatocelulární poškození a doprovodná změna metabolismu pohlavních hormonů. Přes všechny tyto faktory mohou ale ženy s jaterní cirhózou otěhotnět. Těhotenství je úspěšné u většiny pacientek s chronickým

CORRESPONDING AUTHOR: Lumír Kunovský, M.D., Ph.D., kunovsky.lumir@fnbrno.cz

Department of Gastroenterology and Internal Medicine, University Hospital Brno, Faculty of Medicine, Masaryk University
Jihlavská 20, 625 00 Brno, Czech Republic

Citation: Vnitř Lek 2021; 67(e3): e28–e32

Received: 9. 8. 2020

Accepted: 9. 4. 2021