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A case of successful pregnancy and delivery after peritoneal dialysis in patient who was misdiagnosed as a primary infertility

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Case Study: Currently, 15% of women in fertility age are infertile and the frequency is increasing. The causes of infertility vary. ESRD may also cause infertility. The frequency of pregnancies is decreasing in female patients with ESRD compared to normal female. Even if a patients is pregnant, it is very difficult for her to maintain that pregnancy. However, if a patients with ESRD undergo dialysis, the likelihood of pregnancy increases. Herein, we report on the case of successful pregnancy and delivery after peritoneal dialysis in patient who was misdiagnosed as a primary infertility.
This is a case for a 37-year-old woman who did not know she was ESRD. In 2016, she was diagnosed as a primary infertility and received artificial insemination at the Obstetrics and Gynecology Clinic. After receiving artificial insemination, she was referred to our hospital because of generalized edema, dyspnea, nausea, and vomiting. She was diagnosed as ESRD due to CGN and initiated peritoneal dialysis. In April 2017, the patient discovered that she was pregnant. During pregnancy, she maintained residual urine output, BUN levels of below 50mg/dL, controlled blood pressure and a targeted hemoglobin range. She took adequate calories and protein and was taken care of by multidisciplinary team. Although she received an urgent caesarean section due to fetal heart rate reduction, cesarean section was uneventful and delivered a preterm male baby with no anomalies.
ESRD should also be considered among the causes of infertility in fertile women. If ESRD is the cause of infertility, the frequency of pregnancy increases when dialysis is performed. If women who are undergoing peritoneal dialysis are pregnant, many pregnancy-related complications can occur. However, if pregnancy is diagnosed early, intensive renal replacement therapy, adequate nutrition intake and regular fetal monitoring is done during pregnancy, successful delivery can be possible while maintaining PD.

Table 1. Laboratory parameters in the pregnant

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Gestational Age	Pre pregnancy	At 10 weeks	At 20 weeks	At 27 weeks
Weight (Kg)	62	67	72	77
Hemoglobin(g/dL)	9.6	10.3	9.5	10.2
Albumin(g/dL)	4	3.9	3.6	3.3
Creatinine(mg/dL)	5.8	7.1	6.5	5.9
BUN(mg/dL)	47.5	47.7	39.1	38.6
Phosphorus(mg/dL)	4.2	4.7	3.7	5.2
Uric acid(mg/dL)	5.7	8.6	8.5	7.2
Potassium(mEq/L)	3.9	3.6	4.6	4.1
Urine volume(ml/day)	1200	1000	1200	1200