Abstract Type : Poster exhibition
Abstract Submission No.: A-0582
Abstract Topic : Dialysis

Pregnancy in Dialysis

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Case Study : Introduction: The first documented case of a pregnant woman undergoing hemodialysis was recorded in the 1970s. In 1990,the European Renal Association reported 16 deliveries from over 1300 women of reproductive age who were receiving dialysis in 19 countries worldwide. This presentation case marks the second instance in Mongolia of a pregnant woman on dialysis who successfully gave birth,providing a rationale for presenting this case. A Clinical case: O.T 35y/o Female Main complaint: Nausea,hypotension after undergoing dialysis,vagina hypertonic,headaches,parchment-skin. Obstetrics and Gynecology anamnesis: Pregnancy 3 times. In 2008,the first pregnancy resulted in a 4200gr baby boy by cesarean section due to birth asphyxia. In 2019 and 2021,she had two early miscarriages. In 2023, she had her fourth pregnancy and did not know when her menstruate,and her periods were an abnormal. Anamnesis Vitae: She was born in 1989. She regularly takes medications such as calcium acetate,foseal, vitamin D,and cinacalcet. She injects erythropoietin to subcutaneously. Her older sister was diagnosed with CKD in Sep.2023. Physical examination: Vital sign: BP-130/80 mmHg, HR- 90/min, t-36.5, RR-18, SpO2-96% General examination: Alert,oriented,mild dehydrated skin,paleness Dehydrated tongue (++) Abdomen: A fetus in utero. Urine output is low, about 600-1000ml per day,colorless and clear. Nocturia 2-3 times. DS: GN,CKDIII, Chronic dialysis, GrIV-III 34-35w. Conclusion: Women of reproductive age who have started renal replacement therapy, if there are no contraindications to rejection from other organ systems and have not given birth before, can continue their pregnancy even if they are undergoing hemodialysis at the request of the family. Therefore, if the patient is at risk of pregnancy, contraception should be advise with gynecologists and primary care doctors. In order to prevent pregnancy, monitoring, and complications during hemodialysis in pregnant women, it is considered of particular importance to work with nephrologists, obstetricians and gynecologists to develop guidelines and recommendations to prevent complications.

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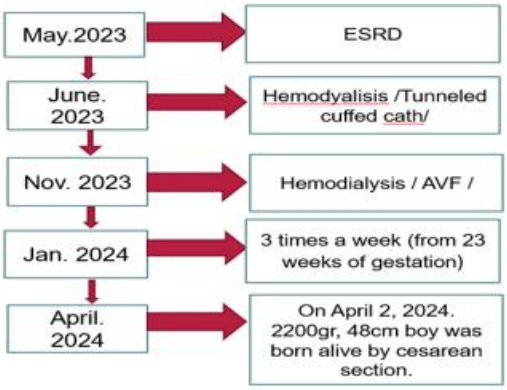

Biochemical

Alat	10.2 u/l
Asat	14.6 u/l
Cr	1206 mmol/l
Urea	28 mmol/l
TP	71 g/l
Alb	35.6 g/l
Ca	1.86 mg/dl
P	1.9 mg/dl
Fe	6.7 mg/dl
Ferritin	31.3 ng/ml
PTH	789 ng/ml

CBC

RBC	2.59
HGB	7.8
MCH	22.1
PLT	221
WBC	10.7

Urine test

Pro	0.5g/l
Leu	+

Immunology

ANA IgG	0.06
C3	1.00 g/l
C4	0.27 g/l

Imaging Tests:

USG: June.2023. LIVER: Normal size, shape and echogenicity. homogeneous echostructure, regular contour. No evidence of focal lesion in the liver BILLIARY TRACT: No dilatation of intrahepatic bile ducts. Normal size CBD. GALLBLADDER: Normal size, shape and wall thickness. No gallstone or polyp. PANCREAS. Normal size, shape and echoes of the visualized portion. No dilatation of main pancreatic duct. KIDNEYS:.
RK = 10*4.3cm, 1.1cm cyst on the RK, par-1.2cm LK = 8.4*3.8cm, par-1.1cm

Fetal echocardiography: 2024.01.25 - 2024.02.15 Fetal is transversus, HR 155- 185. Amniotic fluid 29 BPD 5.87-6.3cm HC 21.53 –22.6cm AC 19.88 - 22.9cm FL 4.2 cm EFW 663 – 851gr.

Cardiac sono:
Right atrium, right ventricular size and function is normal. Left atrium is enlarged, Left ventricular systolic function is reduced (LVEF 53%) Hypokinesis of the LV all wall, Diastolic dysfunction IIIst grade.

Chest X-Ray: Normal

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Pregnancy/Fetal Monitoring
A total of 4 times
/NCMCHM, TSCH, District General Hospital/

During pregnancy, she underwent hemodialysis treatment 3-4 times a week. She was monitored by the obstetrician-gynecologist twice a week.

During pregnancy, anemia was not adequately compensated by treatment, increased of amniotic fluid, and post-dialysis complications led to hospitalization at the TSCH and NCMCHM.

At 34-35 weeks of pregnancy, the maternal and fetal test results did not improve, and considering the expected risks and complications, a 2200g, 48cm boy was born alive by cesarean section on April 2, 2024. After birth, the baby was treated in the neonatal intensive care unit for 45 days. He is now growing and developing healthy. The mother is undergoing hemodialysis treatment 3 times a week without any complications.