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CASE REPORT ON HYPER EMESIS GRAVIDARUM

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ABSTRACT

Hyperemesis gravidarum (HG) is a rare disorder characterized by excessive vomiting, that occurs in less than 3% of pregnant women. As a consequence the affected women experiences dehydration and 5% greater loss in body weight. The management of hyperemesis gravidarum is mainly supportive along with anti emetic medications. We report a case of a 24 year old woman who presented with the complaints of six episodes of vomiting, epigastric pain and burning sensation in upper abdominal area.

KEYWORDS: Hyperemesis gravidarum, vomiting, nausea, weight loss.

INTRODUCTION

Hyperemesis gravidarum (HG) indicates severe and persistent vomiting that consequently leads to dehydration, loss of body weight, electrolyte abnormalities and nutritional deficiencies. It starts usually during the 4th or 6th week of pregnancy and ends up by the 20th week. It affects one in 100 women. Occurrence of morning sickness (nausea) is very common during pregnancy while that of HG is rare.[1]

Most common signs and symptoms of HG are severe and persistent nausea and vomiting, food aversions, loss of weight, dehydration, headaches, fatigue, low blood pressure, rapid heart rate and secondary anxiety.[2] The early identification of symptoms can help detect patients at high risk of developing the disease.[3] Maternal complications may be vitamin deficiencies and malnutrition.[4]

The condition is mainly diagnosed by the examination of signs and symptoms. Nausea and vomiting for more than five episodes are the main symptoms. Complete blood count and urine analysis are carried out to check conditions of dehydration and weight loss.

Treatment options include supportive care, lifestyle changes and medications. The drugs commonly given for this condition are antiemetic, hydrocortisone and nutritional supplements.[5] The patient was advised to have smaller frequent meals and also have electrolyte replacement drinks and nutritional supplements.

CASE REPORT

A 24 year old pregnant mother in her 13th week of pregnancy, was admitted to a hospital with the complaints of six episodes of vomiting along with epigastric pain and burning sensation in upper abdominal area. She also had complaints of morning sickness and heart burn. She is a known asthmatic since her childhood and was on use of rotahaler. Upon physical examination, the patient was anaemic, conscious and oriented. Her pulse rate was 86 bpm with blood pressure of 100/70mmhg. Her lungs were clear and normal heart sounds (S1, S2) heard with no murmurs. Her laboratory examination revealed elevated WBC and serum total protein. Her urine analysis showed pus cells 8-10/hpf, RBC 3-5/hpf and ketonuria. The patient was given a capsule of Doxinate plus (doxylamine 10mg+vitamin B6 10mg+folic acid 2.5mg), intravenous injection of emeset and ranitidine throughout her stay in the hospital. Her frequent vomiting was significantly reduced and was able to tolerate orally. Her general condition was stable and she was discharged after six days of hospital admission.

DISCUSSION

Hyperemesis gravidarum is referred to as vomiting sufficiently severe to produce weight loss, dehydration, acidosis from starvation, alkalosis from loss of HCL in vomit and hypokalemia.

Many theories explain the cause of hyperemesis gravidarum, but the cause remains unknown. Some concerning the cause of hyperemesis gravidarum explained in theories include pregnancy hormone imbalances, vitamin B deficiency, hyperthyroidism; gastroesophageal reflux, Helicobacter Pylori infections, psychological factors and disturbances in carbohydrate metabolism. In a theory it was said that hyperemesis gravidarum most frequently occurs in the first trimester of pregnancy as hCG levels are highest at that time and decline afterward.[6,7]

Another hypothesis concerning the pathogenesis of HG involves an interaction of estrogen/progesterone on neural networks supplying the gastrointestinal tract. Therefore, while extensively reviewed elsewhere,[8] a brief review of neurogastro-enterology is necessary. The gastrointestinal (GI) tract varies from all other peripheral organs in that it contains an extensive intrinsic nervous system, termed the enteric nervous system (ENS), that can regulate functions of the intestine, even if the latter is completely separated from the central nervous system (CNS). The ENS, however, is not autonomous.

Epidemiological data suggests that the incidence of hyperemesis gravidarum is 0.5-2%.[9] 50% of pregnant woman with hyperemesis gravidarum suffers with severe vomiting and 25% suffers from nausea. The common signs and symptoms include severe vomiting, loss of 10-40%body weight. Hyperemesis gravidarum is a rare complication of pregnancy. Unlike morning sickness, Hyperemesis gravidarum may cause severe weight loss from 10% upwards to 40% of one's pre-pregnancy weight.

CONCLUSION

The major aim of the healthcare professionals is to realize that identifying HG in a patient early on allows for a prompt treatment regimen. A multidisciplinary team approach is required to manage HG patients in a home care setting. Compassion and advocacy from the home care personnel is important as they are caring for HG patients.

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