

The Mahsuri Mystery: A Case Report of a Diagnostic Dilemma for Severe Hypertriglyceridemia induced Pancreatitis in Pregnancy

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ABSTRACT

Objectives: Severe hypertriglyceridemia induced pancreatitis in pregnancy is a rare event that can lead to morbidity and mortality to both mother and fetus. Hypertriglyceridemia may occur in normal pregnancy however it is rarely severe. The clinical presentation of acute pancreatitis in pregnancy is similar to that of the general population. However, the diagnosis, severity and complications of acute pancreatitis should be elucidated as early as possible as the disease will continue to evolve with time. **Report:** We report a patient with severe gestational hypertriglyceridemia that lead to acute pancreatitis. The challenges and dilemma faced in reaching a provisional diagnosis in this patient were mainly due to the rarity of this condition and the nature of her symptoms upon her initial presentation. This patient had no personal or familial history of lipid abnormality nor did she have any similar episode in her previous pregnancy thus making her diagnosis a medical dilemma. The extremely high lipid levels in the patient's blood led to difficulties in processing her blood investigations and rendered her blood unreadable. This also contributed to why there was much unintended delay in this patient's diagnosis. **Conclusion:** Non obstetric causes of acute abdomen should always be considered in a pregnant patient. A multidisciplinary approach is highly recommended when faced with a diagnostic dilemma in obstetric patients. Fetal compromise should be anticipated in ill, obstetric patients, thus making fetal surveillance all the more important, and the need to consider the option and optimum timing of delivery.

An Observational Study on Over-diagnosed Macrosomia in Hospital Seberang Jaya in Year 2017

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ABSTRACT

Background: Fetal macrosomia is defined as birth weight of more than 4 kg or in the 90th percentile for gestational age. It affects 6-10% of newborn. Fetal macrosomia is associated with a number of perinatal and maternal complications such as caesarean delivery and shoulder dystocia. Saddle et al, reported that the rate of caesarean section that was falsely diagnosed with macrosomia is around 42%. **Objective:** There is a problem of increasing number of caesarean section due to over-diagnosed macrosomic baby. This can lead to, increase in number of patients undergoing caesarean section with significant associated maternal and neonatal morbidity, impact on future pregnancies including increased risk of adhered placenta/low lying placenta resulting in postpartum haemorrhage, difficult surgery due to adhesion, limited number of children. This study intends to decrease the number of over diagnose macrosomia that will lead to unnecessary LSCS. The purpose of this study was to explore the correlation between antenatal estimated fetal weights and birth weight upon delivery. **Methodology:** This is a retrospective study analyzing on 117 patients requiring LSCS for suspected macrosomic baby in Hospital Seberang Jaya in year 2017. Delivery census book and patients folders were traced and reviewed. **Results:** Our studies have shown over diagnosed macrosomia which require LSCS was 61%. **Conclusion:** As conclusion, over diagnosed macrosomic baby is high (61%) in our hospital compared to universal standard (42%). Ultrasound and clinical estimation is more superior in predicting estimated fetal weight compared to ultrasound or clinical estimation alone.