

26. A CASE OF ADVANCED CERVICAL PREGNANCY

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A 33-year old primigravida who has been married for 3 years and investigated for subfertility was transferred from the teaching hospital - Galle at a POA of 18 weeks with mild bleeding PV. Ultrasound diagnosis of viable cervical pregnancy had been made and she was given two doses of methotrixate before transfer to our unit. We gave two more doses of methotrixate and she aborted her baby and had a massive haemorrhage.

Setting:

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Method:

Consecutive non-pregnant normal women seeking treatment for male infertility were recruited for assessment of fasting blood glucose, C and TG concentrations. Age matched pregnant women who underwent the 75g Oral Glucose Tolerance Test (OGTT) between 20 - 24 weeks of gestation based on identified risk factors for diabetes mellitus were recruited concurrently and their fasting plasma C and TG concentrations were measured.

Results:

45 consenting non-pregnant women and 95 consenting pregnant women referred for OGTT were recruited. All non-pregnant women had normal fasting blood glucose concentrations (mean 97.7 +/- 1.6 mg/dl). 50/95 pregnant women had normal OGTT and 45 had abnormal OGTT based on WHO criteria. The mean age of non-pregnant women was 33.2 +/- 2.1 and among pregnant women 30.2 +/- 1.2 ($p = 0.07$).

Non-pregnant women had a fasting plasma C of 215 +/- 12 mg/dl and TG of 94.9 +/- 8.2. mg/dl. Pregnant women with normal OGTT vs. abnormal OGTT had fasting C 239.2 +/- 7.2 mg/dl vs. 218 +/- 17.2 mg/dl ($p = 0.05$); and fasting TG of 201.6 +/- 8 mg/dl vs. 180.9 +/- 11.3 mg/dl ($p = 0.06$). Anova single factor comparison of non-pregnant women and pregnant women with normal and abnormal OGTT revealed a significant elevation of fasting C and TG in normal pregnant women ($p = 0.04$).

Conclusion:

A significant elevation of fasting C and TG concentrations occur in normal pregnancy; while abnormal glucose tolerance in pregnancy does not confer an additional risk on plasma lipid concentrations.