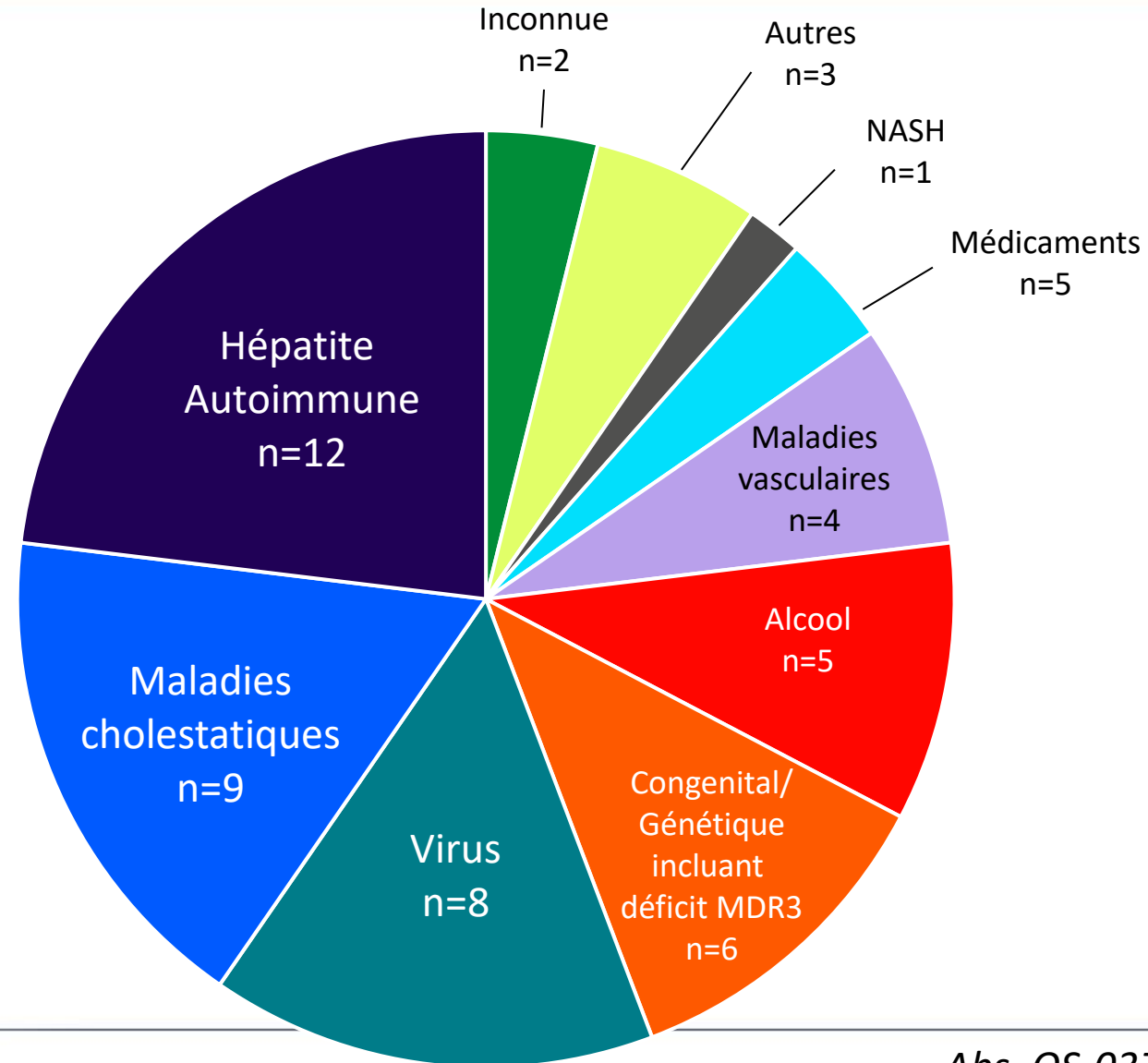




Cirrhose et grossesse : anticiper, prévenir et surveiller

Nana M et al. EASL 2023, abstract OS-037

Etiologies



Conseil pré-conception(n=42)	17 (40,5 %)
Type de conception(n=52)	
Spontanée, n (%)	49 (94 %)
Assistée, n (%)	3 (5,8 %)
Endoscopie durant la grossesse (n=49), n (%)	26 (53,1 %)
Varices, n (%)	15 (57,7 %)
Traitement des varices, n (%)	9 (60,0 %)
Saignement par rupture de VO durant grossesse, n (%)	2 (3,9 %)
Admission soins intensifs (n=46), n (%)	4 (8,7 %)
Décès maternel	0
Complications de la grossesse (n=52)	
Hypertension, n (%)	1 (1,9 %)
Pre-éclampsie, n (%)	1 (1,9 %)
Cholestase, n (%)	9 (17,3 %)
Diabète gestationnel, n (%)	3 (5,7 %)

Obstétrique	
Prématurité(n=41), n (%)	21 (51,22 %)
Mode d'accouchement(n=41)	
Césarienne, n (%)	20 (48,78 %)
Vaginal, n (%)	18 (43,90 %)
Vaginal assisté, n (%)	4 (9,76 %)
Enfant	
Poids de naissance, g (n=42), median (IQR)	2 615 (2 300-3 190)
Petit poids de naissance, n (%)	19/42 (45,24 %)
Admission soins intensifs, n (%)	18/42 (42,86 %)
Mort néonatale, n (%)	2/41 (4,88 %)
Mortalité périnatale, n (%)	3/42 (7,14 %)

Risques relatifs par rapport aux grossesses sans cirrhose

Evolution Mère	
Cholestase de la grossesse	OR 29,4 (95% CI: 13,8-61,6)
Pré-éclampsie	OR 0,55 (95% CI: 0,1-4,0)
Diabète gestationnel	OR 0,39 (95% CI: 0,1-1,3)
Admission maternelle en soins intensifs	OR 42,5 (95% CI: 15,2-118,7)
Césarienne	OR 2,0 (95% CI: 1,1-3,8)
Evolution Enfant	
Prématurité	OR 13,2 (95% CI: 7,2-24,4)
Petit poids de naissance	OR 12,0 (95% CI: 6,5-22,0)
Mort-nés	OR 7,3 (95% CI: 1,0-52,8)
Admission nouveau-né en soins intensifs	OR 4,4 (95% CI: 2,4-8,2)
Mort néonatale	OR 31,7 (95% CI: 7,6-131,4)

Guidelines EASL (à paraître en 2023)

Cirrhose avec ou sans HTP durant la grossesse													
	All women should receive pre-pregnancy counselling and discussion of risk based on risk stratification												
Pre-pregnancy counselling	<table border="1"> <tr> <td>MELD score <6 Risk of encountering a significant complication is mild</td> <td>ALBI score <-2.7 Predicts ↑ likelihood of live birth</td> <td>APRI score <0.84 Predicts ↑ likelihood of reaching term</td> <td>MELD score >10 Predicts ↑ likelihood of decompensation</td> </tr> <tr> <td colspan="4">Has the women had a screening endoscopy (without varices identified) within 1-year of pregnancy?</td> </tr> <tr> <td colspan="2">Yes No further screening required in pregnancy</td> <td colspan="2">No Screening endoscopy should be performed in pregnancy to assess for clinically significant varices and appropriate primary prophylaxis and endoscopic management provided</td> </tr> </table>	MELD score <6 Risk of encountering a significant complication is mild	ALBI score <-2.7 Predicts ↑ likelihood of live birth	APRI score <0.84 Predicts ↑ likelihood of reaching term	MELD score >10 Predicts ↑ likelihood of decompensation	Has the women had a screening endoscopy (without varices identified) within 1-year of pregnancy?				Yes No further screening required in pregnancy		No Screening endoscopy should be performed in pregnancy to assess for clinically significant varices and appropriate primary prophylaxis and endoscopic management provided	
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Endoscopy safety in pregnancy	<ul style="list-style-type: none"> Safety of endoscopy in pregnancy: <ul style="list-style-type: none"> Upper GI endoscopy may be safely performed in pregnancy The usual left lateral position should be used Can use midazolam judiciously where required 												
Therapeutic safety- variceal bleed	<table border="1"> <tr> <td>Safe <ul style="list-style-type: none"> Octreotide Broad-spectrum antibiotics Endoscopic band ligation remains gold-standard Cyanoacrylate glue may be used in life-threatening gastric variceal bleed TIPSS </td> <td>Caution <ul style="list-style-type: none"> Terlipressin should be avoided unless endoscopic therapy and octreotide have failed as may induce uterine contraction, spontaneous abortion or placental abruption Theoretical concern of shunting of toxic material to placenta with injection sclerotherapy </td> </tr> </table>	Safe <ul style="list-style-type: none"> Octreotide Broad-spectrum antibiotics Endoscopic band ligation remains gold-standard Cyanoacrylate glue may be used in life-threatening gastric variceal bleed TIPSS 	Caution <ul style="list-style-type: none"> Terlipressin should be avoided unless endoscopic therapy and octreotide have failed as may induce uterine contraction, spontaneous abortion or placental abruption Theoretical concern of shunting of toxic material to placenta with injection sclerotherapy 										
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Delivery considerations	<ul style="list-style-type: none"> Vaginal delivery preferred: <ul style="list-style-type: none"> In the presence of varices shortened second stage/assisted second stage reduces need for repeated Valsalva and risk of bleeding In women requiring caesarean section for obstetric indications: <ul style="list-style-type: none"> Correct coagulopathy/thrombocytopenia MRI/US can be used to map intra-abdominal/pelvic varices The MDT should be involved in all cases 												