

# INTRAHEPATIC CHOLESTASIS OF PREGNANCY AND PRURITUS IN PREGNANCY

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<https://doi.org/10.55975/JKBS2887>

## SUMMARY

Intrahepatic Cholestasis of Pregnancy (ICP) is a condition characterised by itching (pruritus) and abnormal liver function tests. It usually develops in the second or third trimester of pregnancy and resolves quickly after birth. With a paucity of research in this area, the cause is not well understood. What is known though is it is associated with pre-term and stillbirth and it is therefore imperative that women are diagnosed and appropriately managed by specialists. It is more common in multiple birth, an increase in maternal age, or a personal or family history of the condition. The rate of ICP is 0.7% of all pregnancies although this varies with ethnicity.<sup>1</sup>

## PATHOPHYSIOLOGY

During pregnancy, there is a progressive rise in serum bile acids up to 18µmol/L. These are exported down the bile ducts into the gall bladder. In ICP this does not happen and the bile acids built up and leak into the bloodstream resulting in itching. This itching can occur anywhere in the body but is more prevalent in the hands and feet and is often worse at night. If a woman presents with symptoms, then she must be screened immediately for ICP.

ICP is diagnosed after other potential conditions such as acute fatty liver, hepatitis and pre-eclampsia have been excluded.<sup>1</sup> With mild to moderate increase in bile acids (up to 100µmol/L), the background risk of a stillbirth in a singleton pregnancy is the same as the general population.<sup>2</sup> In severe cases of ICP (bile acids > 100µmol/L), the recommendation is to offer a planned birth at 35 to 36 completed weeks of pregnancy.<sup>1</sup> The severity of itching does not correlate with the severity of the illness and women who have mild to moderate ICP need careful surveillance to ensure they do not deteriorate.<sup>1</sup>

## ALLEVIATING THE SYMPTOMS

Primary support for ICP is to alleviate the symptoms of itching, not the cause of the condition. Around 25% of women will experience pruritus in pregnancy, mostly not associated with ICP.<sup>1</sup> Atopic eruption of pregnancy presents in the first trimester and is likely to occur in women where there is a family history of atopic eczema. Polymorphic eruption of pregnancy occurs as the skin stretches and the body experiences hormonal changes in the third trimester. Although neither of these conditions are harmful to the pregnant person, they can both be extremely uncomfortable and debilitating. Postnatally women may experience itching around caesarean section scarring which

can add to their sense of wellbeing adapting to motherhood. To reduce any itching in pregnancy, topical emollients such as aqueous cream with menthol cool the skin which offers some relief.<sup>3</sup> Antihistamines help some women to rest at night due to the sedative effects.<sup>4</sup> **TPM**



*Topical emollients such as aqueous cream with menthol cool the skin which offers some relief.<sup>3</sup>*



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