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Management of severe diabetic nephropathy in pregnant women: A case report and overview of literature

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Introduction: Diabetes mellitus complicated with severe diabetic nephropathy significantly increase the risk of adverse events for maternal and fetal health.

History and clinical findings: A 24 year-old pregnant woman, first pregnancy, with Type 1 Diabetes Mellitus diagnosed since childhood and with complications such as chronic renal failure associated to hypertension, diabetic retinopathy, anemia and dyslipidemia.

Investigation and diagnosis: The laboratory evaluation of patient showed decompensation of glucose levels (glycated haemoglobin of 7.1%), accompanied by chronic renal failure (creatinine 7.2 mg/dl and urea of 203 mg/dl), and anemia (hemoglobin of 8.1 g/dl). The evaluation of ocular fundoscopic examination showed diabetic retinopathy with retinal detachment on left eye and retinal ischemia on right eye.

Treatment and course: During pregnancy, the patient developed acute exacerbation of chronic renal failure, which required daily hemodialysis. The management was carried out through nutritional support, accompanied by daily glucose monitoring and insulin prescription. In order to control the complications, was prescribed subcutaneous erythropoietin and alpha-methyl dopa, furosemide and nifedipine orally. At 29 weeks of gestation age, the patient developed severe hypoglycemia, breast engorgement, placental insufficiency and abnormal fetal hemodynamics, represented by ultrasound Doppler velocimetry changes in the umbilical artery (Resistance Index of 0.78) and ductus venosus (Pulsatility Index of 1.2) respectively. At this time, it was indicated the resolution of pregnancy by cesarean section. The female newborn presented birth weight of 1145 g, Apgar scores of 6 and 9 in one minute and five minutes of life, respectively, showing no significant adverse neonatal events. In the postpartum period, the patient developed acute pulmonary edema which required admission to the intensive care unit and intensification of the dialysis treatment. Patient keeps in clinical follow-up to management of the Type 1 diabetes mellitus and associated complications.

Conclusion: The association of daily dialysis to drug management in pregnant women with Type 1 diabetes mellitus complicated with end-stage renal failure is beneficial and can improve maternal and perinatal prognosis.

Biography

Elaine Christine Dantas Moisés has completed her PhD in 2008 from the Ribeirão Preto Medical School, University of São Paulo. She is a professor in the Department of Gynecology and Obstetrics of this institution. Her work has an emphasis on the following themes: Pharmacokinetics of drugs in pregnant women, placental transfer of drugs, Diabetes Mellitus in pregnant women.

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