International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614 ISSN (E): 2522-6622 © Gynaecology Journal www.gynaecologyjournal.com 2019; 3(2): 19-20

Received: 14-01-2019 Accepted: 18-02-2019

Mohini Nainani

Associate Professor, Department of Obstetrics and gynecology, Pacific Institute of Medical Science and Medical College, Umada, Udaipur, Rajasthan, India

Ajay Kumar Bhargava

Professor, Department of Biochemistry, Jhalawar Medical College, Jhalawar Rajasthan, India

A comparison of liver enzymes, bilirubin and uric acid in preeclampsia, eclampsia and normotensive subjects

Mohini Nainani and Ajay Kumar Bhargava

DOI: https://doi.org/10.33545/gynae.2019.v3.i2a.06

Abstract

Introduction: Liver enzymes (AST, ALT, ALP), Bilirubin and uric acid is important biochemical parameters in diagnosis and prognosis of preeclampsia, eclampsia. Present was an attempt to analysed three biochemical parameters of patients and compared with normal pregnant women with normal pregnancy.

Materials and Methods: Two hundred subjects were studied among 100 (pregnant women) of preeclampsia and eclampsia and 100 of without complicated pregnancy respectively. Serum AST, ALT, ALP, bilirubin and uric acid determined by commercial kit method. Ethical permission were taken from institution ethical committee.

Results: Level of AST, ALT, and ALP were found to be significant in our study when compared with control subjects. Bilirubin and uric acid were insignificant.

Conclusion: Present study demonstrates that levels of AST, ALT, and ALP impairment found to be in preeclampsia, eclampsia patients as compared to normal pregnant women.

Keywords: preeclampsia, eclampsia, liver enzymes, bilirubin, uric acid

Introduction

Pregnancy induced hypertension (preeclampsia and eclampsia) play important role in maternal mortality and morbidity and causes approx. 2.8% complication. Subjects all over world in preeclampsia, eclampsia they causes of hypertension in pregnant women [1]. However severity of disease results 50000-100000 mortality annually worldwide and major health issue of both maternal and neonatel [2].

Determination of liver enzymes such as aspartate transferase(AST), alanine transferase(ALT), alkaline phosphatise(ALP) and other parameters such as bilirubin, uric acid is impoetant in diagnosis and medical management of pre-eclampsiais characterized by pregnancy induced hypertension with other complication (oedema, proteinuria, convulsion) [3].

Eclampsia and pre-eclampsia are pregnancy induced hypertension diseases and may be occur mostly 3rd or 2nd trimester of pregnancy and may be maternal and fetal morbidity and mortality if untreated [4]. Liver damage have been reported in both pre-eclampsia and eclampsia in literature [5, 6, 7]

In present study we determined level of liver enzymes with other parameter in eclampsia and pre-eclampsia patients and compared with normal pregnancy subjects.

Material and Methods

The present study was conducted on subjects to coming OPD and IPD of department of Obstetrics and gynaecology SRG Hospital and Jhalawar Medical College, Jhalawar (Rajasthan). Ethical permission have been taken from ethical committee for present study.

Inclusion criteria

Age group between 19 to 39 years preeclampsia, eclampsia subjects and uncomplicated pregnant women as control were included in the study.

Exclusion criteria

Pregnant women age group below 19 years and above 36 years and having multiple pregnancy, obesity gestational diabetes, liver disorders, renal disorders, diabetes and post history of hypertension. We have studied 200 subjects with pre-eclampsia and eclampsia, divided into two groups. 100 patients of complicated pregnancy with preeclampsia and eclampsia and 100

Correspondence Mohini Nainani

Associate Professor, Department of Obstetrics and Gynecology, Pacific Institute of Medical Science and Medical College, Umada, Udaipur, Rajasthan, India pragnent women with uncomplicated pregnancy. Clinical history of study were noted on self-constructed questionaise and women suffering from diabetes, multiple pregnancy, kidney disease, liver disease and cancer excluded from present study. Determination of liver enzymes such as SGOT (AST), SGPT (ALT) and alkaline phosphatase (ALP) and other parameters bilirubin, uric acid was done in department 0f biochemistry by commercial kit method. Results were statistically evaluated by using SPSS version 20.0.

Results

In present study patients with preeclampsia 39 cases and eclampsia 61 cases were included and women with uncomplicated pregnancy 100 cases were taken as control with age between 20 to 45 years. We have estimated liver enzymes SGOT (AST), SGPT (ALT), alkaline phosphatase (ALP) and other parameters bilirubin and uric acid.

Table 1: The normal (reference range) level of biochemical parameters

S.No.	Parameters	Range	
1	SGOT(AST)	Upto 40 units/l	
2	SGPT(ALT)	Upto 40 units/l	
3	Alkaline phosphatase (ALP)	Upto 250 units/l	
4	Bilirubin	Upto 1.0 mg/dl	
5	Uric acid	2.5-6.5 mg/dl	

Table 2: Mean level of liver enzymes, bilirubin and uric acid in preeclmpsia and eclampsia and control subjects.

Parameters	Mean ± SD patient	Control	+ Value	P/value
SGOT(AST)	38.37±3.11	20.45±4.77	17.92	<0.0001*
SGPT(ALT)	36.92±4.55	27.16±5.98	11.24	<0.0001*
Alkaline phosphatase	267.62±10.71	225±9.75	29.427	<0.0001*
Bilirubin	0.82±0.92	0.66±0.77	1.3377	0.1838
Uric acid	5.47±1.88	4.88±2.10	2.0933	0.0378

Discussion

Pre-eclampsia and eclampsia are pregnancy related hypertensive disease and proper lab investigation such as liver function test and other biochemical parameters may helpful in diagnosis and medical management of both maternal and fetal outcome. In present study abnormal level of liver enzymes i.e. SGPT(AST), SGPT (ALT), Alkaline phosphatase (ALP) found to be similar to other reported worker³ however other workers reported abnormal level of liver enzymes only in 20%-30% patients of pregnancies with pre-eclampsia and eclampsia [5, 8, 9]. Abnormal liver enzymes may results due to alterative of membrane permeability, vasoconstriction and liver damage. In our study among 100 patients SGOT (AST) increased in 10 (5%), SGPT (ALT) in 11 (10.5%), ALP in 55 (25%), bilirubin in any 2 (2%) and uric acid in 3 (1.5%) patients. Our results are similar to reported by other workers [7, 11, 4, 12]. Bilirubin level in liver function test not sinnificant in patients when compared with normal subjects [13]. Uric acid is function as antioxidant 14. In preeclampsia and eclampsia pregnant women uric acid level was found within normal limits and not significant compared with control group. The risk of preeclampsia is 4% in women with their 1st and later pregnancy specially and risk rises upto 14.7% is the second pregnancy who had preeclampsia in their 1st pregnancy [13]. In our study however increased level of uric acid in preeclampsia is important in pathogenesis of the fetal manifestations and relationship of uric acid in preeclampsia pregnant women is important in mortality and morbidity of disease [9, 16].

Conclusion

Determination of liver function test i.e. liver enzymes, bilirubin and uric acid in preeclampsia and eclampsia in present study found to be important parameters in haroti region of Rajasthan in management of pregnancy and reduced risk of fetal morbidity and mortality

References

- 1. Hemant G Deshpandey, Chandrakant S MadkaR, Anuja Bove, Vaidehi Nene. Comparative study of serum calcium and serum magnesium levels in patients of preeclampsia and normotensive patients. Indian journal of Obstetrics and Gynaecology Research. 2018; 5(4):465-470.
- 2. Oyston CJ, Stanley JL, Baker PN. Potential targets for the treatment of preeclampsia Experty opin the Targets. 2015; 19(11):1517-1530.
- 3. Dilip kumar Bhaumik, Rafia Akhtari, Sadhu Uttam Kumar, Madhusudan Saha, Dipal Krishna adhikari. Alteration of liver function in preeclampsia and eclampsia. 2013; 12(3)9-10
- Campbell S, Less C. Obstetrics emergencies, in Campbell S, Less C. By Ten Teachers, 17th edition, London Book Power. 2000, 3003-3017.
- 5. Romeo R, Vizoso j, Emamian M *et al*. Clinical significance of liver dysfunction in pregnancy induced hypertension. Am J Perinatol. 1988; 5:146-151.
- 6. Magnusson Eb, Vatten Lj. Pregnancy cardiovascular risk factor as predictor of preeclampsia. J med. 2007; 14:335-39.
- Kox TA, Olans LB. Liver disease in pregnancy. New Engl J Med. 1996; 335:569-76.
- 8. Castro MA, Fassett MJ, Reynolds TB, Shaw KJ, Goodwin TRM. Reversible peripartum liver failure: a new perspective on diagnosis, treatment and cause of acute fatty liver of pregnancy, based on 28 consecutive cases. Am J Obstet Gynaecol. 1999; 181:389-395.
- Voto LS, Mia R, Darbon-Grosso HA, Fmaz FV, Margulies M. Uric acid level a usefull index of the severity of preeclampsia and perinatal prognosis. 1998; 16(2):123-126.
- 10. Venkatesh S, Toporsian M. Antioxidant study in preeclampsia. International Journal of Gynaecology and Obstetrics. 2006; 3(2):241-43.
- 11. Borglin NE. Serum transaminase activity in uncomplicated pregnancy and in newborn, J Clin Endocrine Metlab. 1958; 18:872-77.
- 12. Brainbridge SA, Robers JM, Uric acid a pathogenic factor in preeclampsia. Placenta. Maren; suppl, 2008, A5, 67-72.
- 13. Harnandez Diazs, Toh S, Crattingnis S. Risk of preeclampsia in first and subsequent pregnencies: prospective cohort study. BMJ 338, b 225 (wog).
- 14. Stearas EA, von Dadels 205 P Duvekot JJ PI Jherbug R. Preeclampsia Lancet. 2010: 376(9741):631-644.
- 15. Themgiratnam S, Dsmail KM, Sharp S *et al.* Accuracy of serum uric acid in predicting complication in preeclampsia Acta obstet Gynaecol scand. 2000; 79:1923-1928.
- Burrough's AK, Heathcote EJ. The liver in pregnancy. In Doodley JS, LOK ASF, Burrough's Ak, Heathcote EJ Sherlocks disease of the liver and billiary system 12th edition, UK Willey-Blackwell, 2011, 602-614.