

DIABETIC GASTROPARESIS – A PREGNANCY IN JEOPARDY



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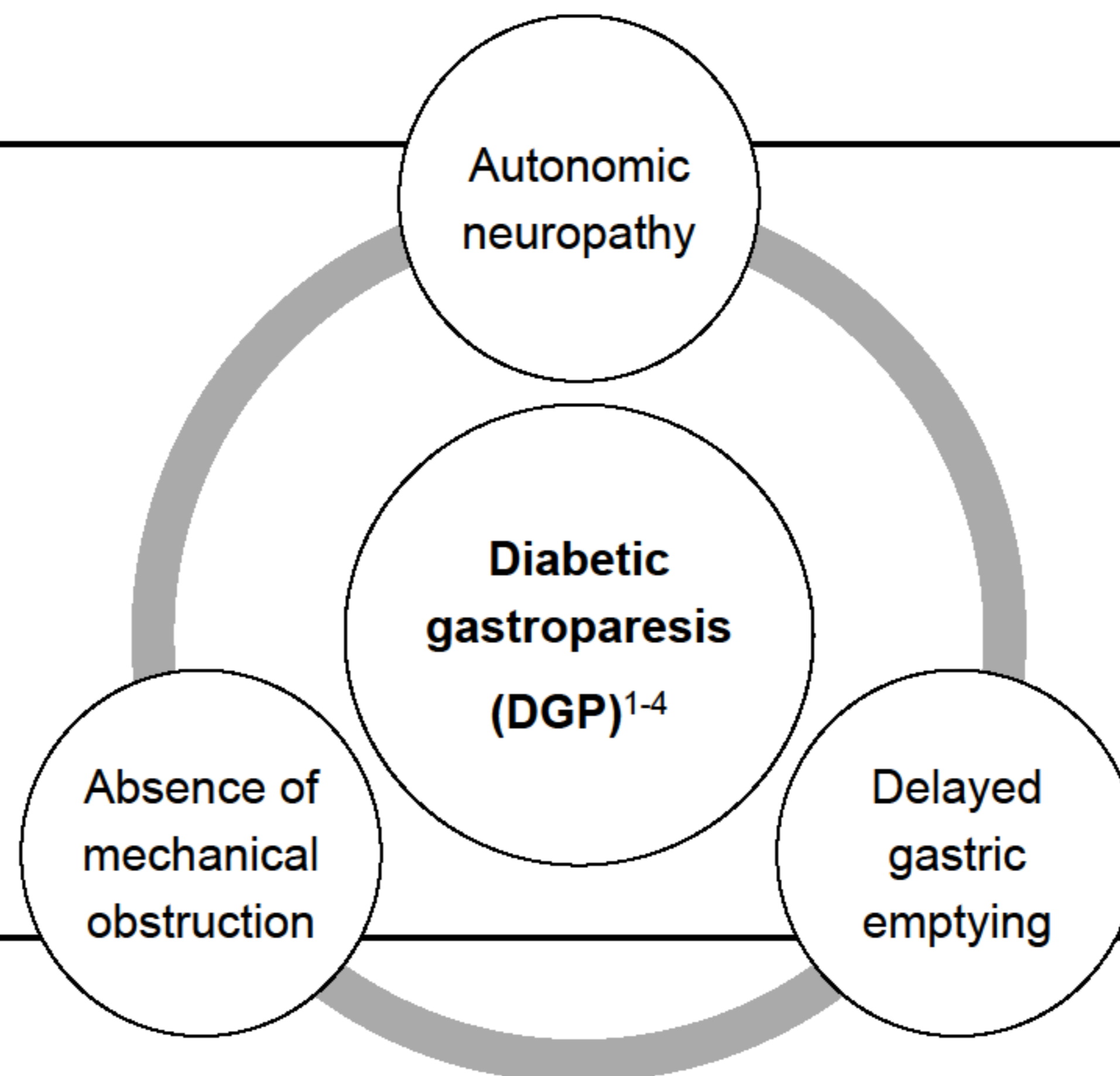
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INTRODUCTION

At population level, only...¹⁻³

5% of patients with type 1 diabetes mellitus (T1DM)
and
1% of patients with type 2 diabetes mellitus (T2DM)

↓
Delay of gastric emptying
+
Typical gastroparesis symptoms



DGP:

- ♀ >>> ♂^{1,3,4}
- 4th to 5th decades of life in T1DM¹;
- Usually ≥ 10 years of diabetes evolution¹.

Association with¹⁻⁴:

- Marked glycemic lability;
- Significant morbidity.

CASE REPORT



Woman
32-year-old

T1DM with 13-years of evolution

Previous poor metabolic control due to noncompliance with A1c 8-9%

1-year on functional insulin therapy with A1c ≈ 6,5%

No target organ damage

Two hospital admissions
due to nausea and
vomits with food
intolerance

Digestive Endoscopy:
gastric stasis with large
amount of food in the gastric
cavity with 11-hours fasting
Scintigraphy: serious gastric
emptying delay with 100%
radiopharmaceutical retention
at 3 hours

**DIAGNOSIS:
DIABETIC
GASTROPARESIS**



The Patient was advised about
medical contraindication for
pregnancy

Oct/2014

Dec/2014

Patient became
pregnant



Febr/2015

**Pregnancy interruption at
10w+2d was decided after
multidisciplinary
assessment**

Given the lack of therapy
response, the patient kept food
intolerance and developed
malnutrition. Parenteral nutrition
was initiated at 8w+6d. with
Smofkabiven® 2200 Kcal

Was progressively strated
combined therapy with
metoclopramide, domperidone,
ondansetron, droperidol,
erythromycin and
dexamethasone

Significant worsening of
symptoms with food
intolerance and electrolyte
disturbances with hospital
admission at 7 weeks + 6
days (estimated gestation)
of pregnancy

CONCLUSION

DGP can be associated with significant morbidity with weight loss, malnutrition and severe acid-base and electrolyte imbalances. Available treatments for symptomatic gastroparesis are suboptimal. This case underlines, in our opinion, the need for more research into how to manage women with diabetes and gastroparesis, as well as the importance of pre-pregnancy counselling and close antenatal monitoring of women with this condition. DGP poses an extreme risk to maternal and fetal health and can, in extreme cases, lead to death.

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