DIABETIC GASTROPARESIS – A PREGNANCY IN JEOPARDY

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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

Autonomic neuropathy
Diabetic gastroparesis (DGP)1,2
Absence of mechanical obstruction
Delayed gastric emptying

DGP:
• 4th to 5th decades of life in T1DM;
• Usually ≥ 10 years of diabetes evolution1.

Association with1-4:
- Marked glycaemic lability;
- Significant morbidity.

CASE REPORT

T1DM with 13-years of evolution
Previous poor metabolic control due to noncompliance with A1c 6-9%
1-year on functional insulin therapy with A1c = 6.5%
No target organ damage

Woman 32-year-old

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

12/2014

Two hospital admissions due to nausea and vomits with food intolerance

2015

Patient became pregnant

Feb

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.