When liver disease meets pregnancy: pragmatic management

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Hepatobiliary | Paediatrics

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The speaker presented pragmatic management strategies for hepatitis B, metabolic liver disease, and benign liver tumours during pregnancy using a case-based approach.

KEY POINTS

- For chronic hepatitis B in pregnancy, the speaker stated that tenofovir should be started at 28 weeks if HBV DNA exceeds 200,000 units or if the patient has HBe antigen positive infection, with treatment continued at least until birth.
- A Chinese trial of almost 300 pregnant women reported that early tenofovir at 16 weeks with vaccination but without immunoglobulin was non-inferior to standard care (tenofovir at 28 weeks with vaccination and immunoglobulin) for preventing mother-to-child transmission.
- The speaker stated that metabolic liver disease affects approximately 15 to 20 percent of pregnant women and is associated with a three-fold higher risk of adverse pregnancy outcomes compared to the general population.
- Women with metabolic liver disease should be managed as at-risk for gestational diabetes and hypertensive disease, with lifestyle modification and dietary advice recommended before conception and during pregnancy.
- For hepatic adenomas larger than 5 centimetres, the speaker stated there is high risk of bleeding, requiring ultrasound monitoring every three months and multidisciplinary team discussion for intervention planning.
- In a multicentre study of 48 pregnant women with hepatic adenoma, 25 percent experienced tumour growth during pregnancy with a median increase of 14 millimetres.

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