ISP-23-6  Adenocarcinoma Located in Pancreatic Tail During Pregnancy: A Case Report and Literature Review

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Pancreatic cancer is the sixth most common cause of cancer-related death in the Japanese women and the prevalence of pancreatic tail cancer is almost 5% in the whole pancreatic cancer. The antepartum diagnosis of pancreatic tail cancer is extremely rare, and, to our best knowledge, with only one case previously reported in the English literature. Optimizing both maternal and fetal health outcomes is especially challenging because the interventions during pregnancy often pose significant risks to both the mother and the developing fetus. Here, we report a 32yo Japanese woman, G3P2, complicated by DD twins, was transferred to our tertiary center at 26 weeks of gestation, who was diagnosed having adenocarcinoma located in pancreatic tail. We review the literature on the management issues confronted in this unique clinical situation.

ISP-23-7  Factors associated with depressive symptoms during mid-pregnancy at a Japanese University Hospital

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[Objective] Depression during pregnancy can have clearly harmful effects on both mothers and children. It is necessary to examine the factors associated with depressive symptoms in order to better understand pregnant women, which could then lead to improvements in obstetrics and general hospital psychiatry. Because previous studies have examined women in late pregnancy, the present study examined relevant factors of depressive symptoms in mid-pregnancy. [Methods] Pregnant women between 12-23 weeks gestation and aged ≥ 20 years were recruited at a University Hospital from April 2014 to September 2014. Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale. [Results] Among 369 eligible pregnant women, 72 participated in the study. In multivariate logistic regression analysis, depressive symptoms were significantly associated with psychiatric history and unplanned pregnancy. [Conclusion] Depressive symptoms during mid-pregnancy were associated with psychiatric history and unplanned pregnancy among pregnant women who visited a university hospital. We recommend multiparas as well as primiparas be asked about unplanned pregnancy in clinical settings. Due to some major limitations, further studies are needed to replicate our findings.

ISP-23-8  A case of successful live birth in a woman on long-term hemodialysis

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Pregnant women with end-stage renal disease have increased risk of adverse outcomes at all trimesters. Major maternal complications include spontaneous abortion, premature delivery, polyhydramnios and hypertension. A 40-year-old woman requiring hemodialysis for end-stage diabetic nephropathy with type 1 diabetes mellitus was transferred to our hospital at 17 weeks of gestation. Because her glycemic control was poor and HbA1c level was around 7%, we administered insulin dosage by using sliding-scale based on food intake. Obstetricians, renal physicians, diabetologists and neonatologists discussed and decided management policy as follows: 1. Increase dialysis time from 15 hours to 20 hours per week, 2. maintain pre-dialysis blood urea nitrogen level at less than 50 mg/dL, 3. increase dry weight at 200-300 g per week, 4. maintain hemoglobin level at 10-11 g/dL. We administered nifedipine as a tocolytic agent for increased uterine contraction from 21 weeks of gestation. After around 30 weeks of gestation, hypertension was worsened. At 33 weeks 5 days of gestation, we performed cesarean section because of non-reassuring fetal status. A female infant weighing 1,820g with Apgar scores of 8 and 9 points was delivered and started neonatal care. Well-coordinated and efficacious teamwork is essential for successful outcome of pregnancies with chronic hemodialysis.

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