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DERMATOSES OF PREGNANCY: DESCRIPTIVE STUDY OF EPIDEMIOLOGICAL AND OBSTETRIC FACTORS. FIVE YEARS OF FOLLOW-UP

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Introduction: During pregnancy, there are endocrine, immunological, metabolic and vascular changes that allow the growth and normal development of the fetus.

Pregnancy is a period in which more than 90% of women have significant alterations in the skin with great impact on the daily life of women.

Dermatoses of pregnancy and immediate puerperium can be classified in: Dermatosis specific of the pregnancy, Dermatological Disease of the pregnancy, Dermatosis Concomitants and Dermatosis Preexistentes.

Specific Dermatoses of pregnancy includes Herpes gestationis (HG), Polimorphic Eruption of Pregnancy (PEP) and Atopic Pregnancy Eruption (AEP). Intrahepatic Cholestasis of Pregnancy (ICP) is a Dermatologic Disease of pregnancy (appears only in gestation).

Although most of the dermatoses of pregnancy are benign and are resolved in the puerperium, some such as ICP and HG can put the life of the fetus at risk and need antenatal supervision.

Objective: To evaluate the frequencies of the specific dermatoses of pregnancy, of the ICP and other dermatoses that appear during the gestation, as well as the clinical and obstetric variables.

Methods: A descriptive, retrospective study of 80 pregnant women attending the emergency department of the Hospital Universitario de Salamanca (HUS) over a period of 5 years.

Main Outcomes/Results: Patients included in the sample had a mean age of 32 years (21-41).

Of the patients analyzed, 76% were diagnoses of pregnancy-specific dermatoses, while 24% were non-specific dermatoses of pregnancy. The most frequent is PEP (36%), followed by AEP (26%) and HG (6%). ICP was observed in 8% of pregnant women.

While PEP, HG and PCI appear more frequently in the third trimester, AEP also manifests itself in the second trimester.

70% of the pregnancies with PCI and 67% of the HG were completed with cesarean section.

Only 6% of Newborns of mothers with PEP were preterm, whereas 19%, 30% and 40% were in the AEP, ICP and HG, respectively.

Additional tests such as histopathology, immunofluorescence, or laboratory tests were required for HG, PCI, and PEP to confirm the diagnosis.

Only in the HG appeared comorbidities in the Newborn.

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Of the cutaneous manifestations in pregnancy and immediate postpartum the majority are specific Dermatosis of the pregnancy, where prurito is the common symptom.

Conclusions: The importance of knowing the dermatosis of pregnancy is that some may pose maternal risks and others like HG can compromise the life of the newborn