

中文題目:孕婦之致命性非糖尿病酮酸中毒及氣喘發作: 病例報告

英文題目: Non-diabetic ketoacidosis in pregnancy with near-fatal asthma

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### **Objective :**

Life threatening refractory metabolic acidosis due to starvation ketoacidosis in non-diabetes pregnant woman is rarely described in the literature and may be overlooked. Stress, like asthma attack, may accelerate the severity. Prompt recognition and immediate intervention may achieve favorable outcome.

### **Introduction :**

Severe non-diabetic ketoacidosis as a consequence of acute starvation is a rare event in pregnant women and patients with near-fatal asthma as co-morbidity is even rare. Only few cases were reported and this case was the most challenging one in treatment. We report a unique case of non-diabetic women with severe vomiting and near-fatal asthma attack in the third trimester of pregnancy presenting with refractory ketoacidosis caused by short-term starvation. Placental derived hormones, fuel homeostasis during starvation and stress in pregnancy all contribute to the event. Development of acidosis has an adverse maternal and fetal impact. Rapid reversal of acidosis and favorable outcome were achieved by timely delivery. We emphasize the importance of early recognition of the life-threatening ketoacidosis and control associated superimposed factors in pregnancy.

### **Case report:**

A non-diabetes multipara woman in the third trimester of pregnancy, was admitted with initial presentation of near-fatal asthma attack under intubation with intensive care that progressed to life threatening metabolic acidosis. Starvation ketoacidosis was diagnosed by history, clinical presentations and in absence of other causes of high anion-gap metabolic acidosis, and it failed to respond to medication measurements. She received emergency caesarean section and it resulted in resolution of acidosis and rapid extubation.

### **Conclusion:**

Short-term starvation, superimposed on periods of stress and medications, can result in life-threatening ketoacidosis even in non-diabetic woman in the third trimester of pregnancy. Prevention, by avoiding starvation and associated stress in pregnancy in high-risk patients, is better than cure.