AIN SHAMS UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

VOMITING WITH PREGNANCY

A Thesis
Submitted in partial fulfilment for
Master Degree in Obstetrics & Gynaecology

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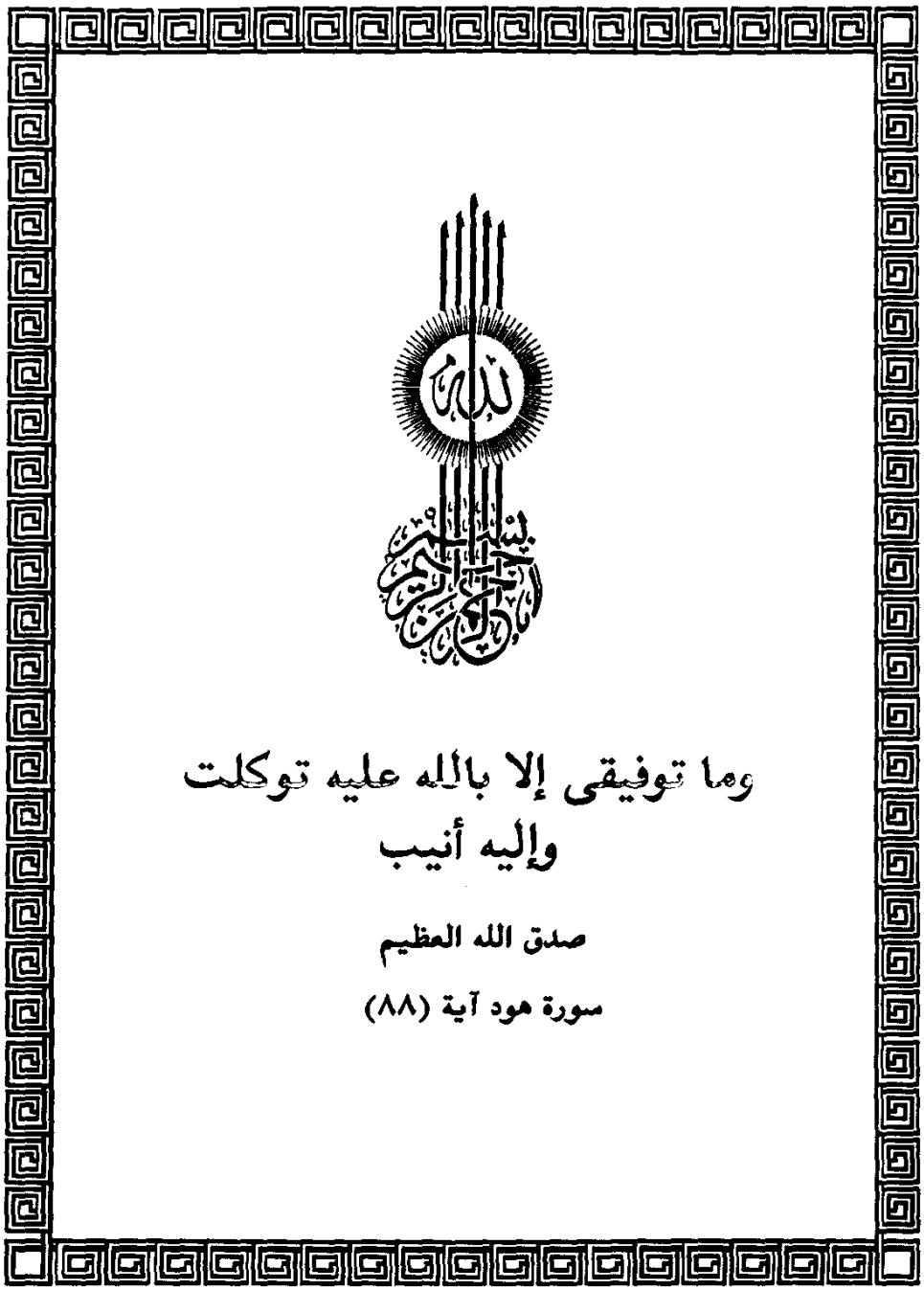

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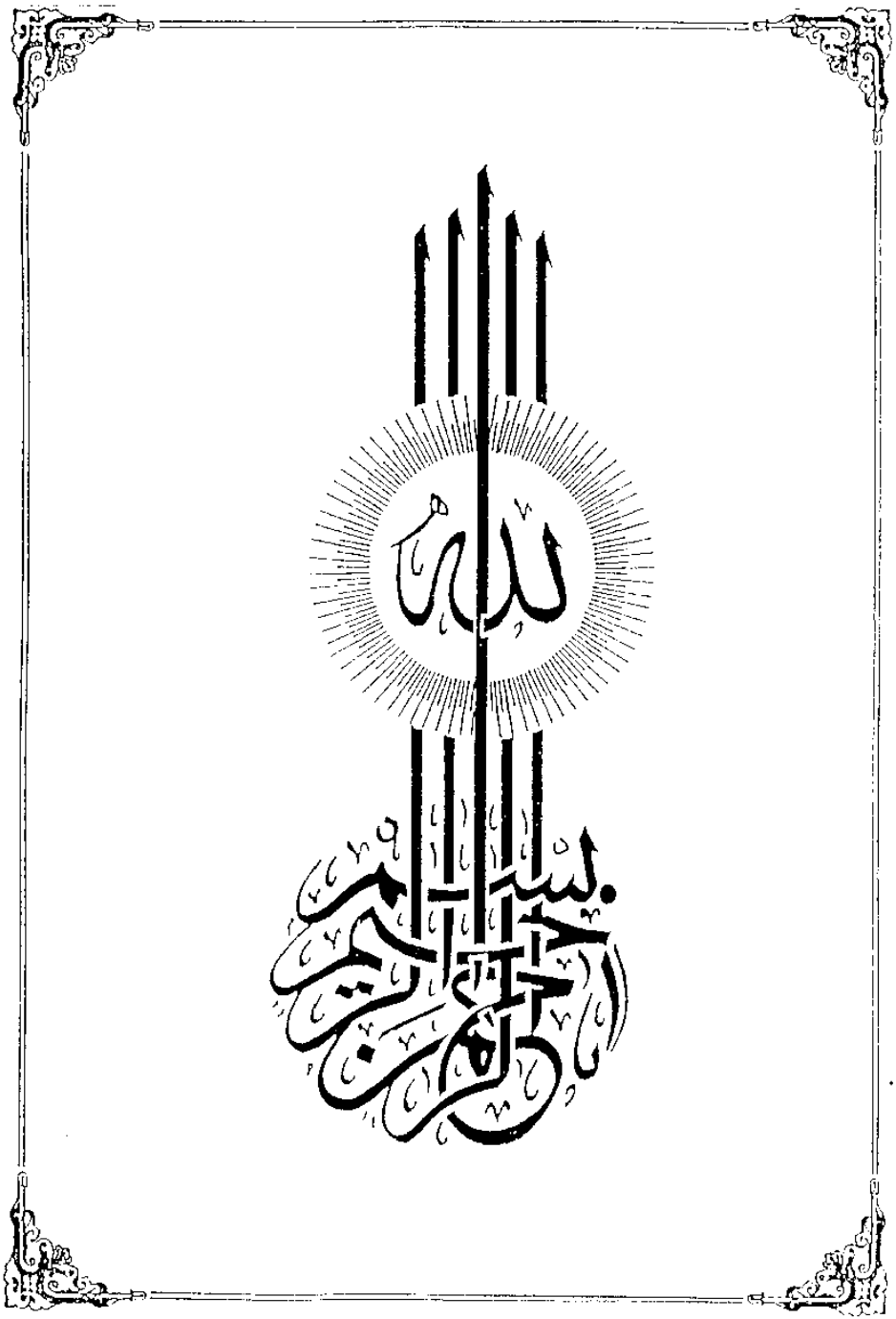

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List of Abreviations

ACTH	Adrenocorticotrophic Hormone
CTZ	Chemoreceptor Triger Zone
ECG	Electrocardiogram
EGG	Electrogastrogram
FDA	Food and Drug Administration
GIT	Gastrointestinl Tract
HCG	Human Chorionic Gonadotropin
IAP	Intra-Abdominal Pressure
NVP	Nausea and Vomiting of Pregnancy
PIH	Pregnancy Induced Hypertension
SHBG	Sex Hormone-Binding Globulin
TPA	Tissue Polypeptide Antigen
UT	Urinary Tract

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INTRODUCTION

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Although morning sickness is a very common symptom during pregnancy yet the exact cause and mechanism are not fully understood **[Soules et al., 1980].**

Many papers were published investigating various causes for such symptom specially the endocrinological factors. **Ylikor Kala et al., [1976]**, investigated anterior pituitary hormonal level in patients with hyperemesis gravidarum. Also **Kauppila et al., [1976]** investigated anterior pituitary hormones and adrenocortical axis in hyperemetic patients. Both failed to find relevant relation.

For many years it was believed that there is a relation between human chorionic gonadotropin level and morning sickness of early pregnancy. This theory was based on the concept that morning sickness is a feature of early pregnancy when human chorionic gonadotropin levels are highest. Also cases of molar pregnancy where levels of human chorionic gonadotropin are very high usually present with vomiting **[Schoeneck, 1940]**. But, this was disproved by the work of **Fairweather and Lorraine [1962]**, who found that the level of

(hCG) was surprisingly lower in cases of hyperemesis than control group.

This subject was also investigated by **Soules et al., [1980]** who found no relation between (hCG) and emesis / hyperemesis gravidarum. This study support the previous works of **Braunstein et al., [1976].**

This direct relation between emesis and (hCG) is still controversial. Recently, light was thrown on the role of B- endorphins as a cause of emesis gravidarum **[Starks, 1984]**. He postulated that B-endorphins stimulate opioid receptors in the vomiting center. This response of opioid receptors is accentuated by human chorionic gonadotropin (hCG).

Mori et al., [1988], postulated a relation between thyroid function and hCG levels and degree of emesis and they claimed to find a definite one. However **Evans et al., [1989]** found no relation between thyroid function and the degree of symptoms.

AIM OF THE WORK

AIM OF THE WORK:

(1) To give a review about vomiting of pregnancy.

(2) To evaluate the patients with nausea and vomiting attending Ain Shams Maternity Hospital during the years 1991-1993.

REVIEW OF LITERATURE

Physiologic changes of GIT during Pregnancy

- Appetite
- Mouth
- Oesophagus
- Stomach
- Small intestine

- Gastric myoelectrical activity in the first trimester of pregnancy

Physiologic Changes of Gastrointestinal Tract During Pregnancy

Disappointingly little work has been done and therefore little is known about normal physiologic changes in GIT. from mouth to anus including the pancreas in pregnancy. **[Burrow and Ferris, 1975]**

1- Appetite

Increased cravings, Pica, Taste.

2- Mouth

Increased caries, fissures, gingivitis epulis, decreased enzymatic activity and cellular content of saliva and loss of teeth. **[Eisenbud, 1960].**

Ptyalism: Refers to pathologically excessive salivation; an unusual complication of pregnancy. It's said to be a true glandular hyper-secretion by some **[Barnes, 1970].**