



មន្ទីរពហុព្យាបាល និងសម្ភព លី ស្រីវីណា

LY SREYVYNA

POLYCLINIC & MATERNITY

Education

Hyperthyroidism in Pregnancy.

I. Uncontrolled:

- Preeclampsia- Gestational Hypertension
- Organs Damage
- Thyroid Storm (High Fever, Rapid HR, Confusion, Organ failures)
- Placenta Detachment
- Placenta Abruption
- Preterm Birth
- Low birth weight
- Fetal Growth Delay
- Fetal Growth Restriction
- Neonatal Hypothyroidism
- Fetal Rapid Heart Rate
- Heart Failure/Cardiac Arrest
- Cognitive Impairment
- Intellectual Disability
- Congenital Heart Failure
- Congenital Anomalies
- Risk for Postpartum Thyroiditis and Hyper/Hypothyroidism
- Birth Defect (Especially due to Propylthiouracil/Methimazole)

II. Pathology

- Increase Systolic Blood Pressure
- Increase Heart Rate
- Increase Cardiac Output
- Decrease Vascular Resistance
- Decrease Diastolic Blood Pressure

III. Treatment

- 1st Trimester : Propylthiouracil
- 2nd & 3rd Trimester : Methimazole