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IMAGE OF THE MONTH

Ursodeoxycholic acid therapy throughout pregnancy in women affected with chronic cholestasis of childhood: No evidence for teratogenicity

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Introduction

Ursodeoxycholic acid (UDCA) has increasingly been used for the treatment of chronic cholestasis in adults and children for many years [1—5]. UDCA is considered a safe and well-tolerated drug at recommended daily doses [2]. In intrahepatic cholestasis of pregnancy (ICP), UDCA therapy has been shown to decrease the risk of foetal complications and is now considered a first-line treatment [2,6—10]. ICP is the most frequent pregnancy-related liver disease and presents mainly in the third trimester of gestation when organogenesis is already established. UDCA is not approved by regulatory authorities as a safe drug during pregnancy likely due to the fear of UDCA-induced teratogenicity that could occur especially in the first trimester of pregnancy [2]. So far, no teratogenic effects of UDCA have been reported in humans but most studies regarding the use of UDCA during pregnancy concerned women with ICP or PBC treated from the second to third trimester of pregnancy [2,7—11]. Data on UDCA treatment throughout pregnancy, including the first trimester, are scarce. The few studies performed on pregnant patients with primary biliary cholangitis or primary

Abbreviations: UDCA, Ursodeoxycholic acid; ICP, Intrahepatic cholestasis of pregnancy.

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