

POST GRADUATES ABSTRACTS

PG -32: EVALUATION OF LIPID PROFILE IN GESTATIONAL DIABETES - AN OBSERVATIONAL STUDY

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Y L_____ **Background:** Gestational diabetes mellitus is a common medical disorder associated with pregnancy, leading to adverse perinatal outcome. Lipid profile abnormality in GDM patients is a contributing factor for adverse perinatal outcomes. Aim of the study is to evaluate the effect of lipid profile on GDM. Objectives of the study was to find out the proportion of GDM having abnormal lipid profile and to compare the mode of delivery and birth weight among patients with normal and abnormal lipid profile.

Subjects and methods: This study was done in Mahatma Gandhi Medical College in the department of Obstetrics and Gynecology from November 2015 to April 2017, lipid profile was done in all gestational diabetes mellitus patients who were fitting into the inclusion criteria from 28 to 32 weeks of gestation. The variables studied were total cholesterol, triglycerides, HDL cholesterol, LDL cholesterol, VLDL cholesterol and the results were analyzed. Mode of delivery and birth weight was compared between the patients with normal and abnormal lipid profile.

Results: 219 GDM patients were taken for the study, among them 185 (84%)patients were having either

single or multiple lipid parameter abnormality with mean total cholesterol, triglyceride and HDL value of $222.2 \pm 14 \text{ (mg/dl)}, 181.7 \pm 28 \text{(mg/dl)} \text{ and } 49.2 \pm 7.4 \text{(mg/dl)}$ dl) respectively. 34 (16%) patients were having normal lipid profile with mean total cholesterol, triglyceride and HDL value of 150.1±27 (mg/dl),95.2±28 (mg/ dl) and 65.7 ± 7.2 (mg/dl) respectively. Comparing the mode of delivery among the groups, cesarean section was done in 7 (20.6%) patients with normal lipid profile, but cesarean section was done in 84 (45.4%) patients with dyslipidemia. None of the patients with normal lipid profile had instrumental delivery, but 9 (4.9%) patients in dyslipidemic group had instrumental delivery. Mean birth weight of 3.2 ± 0.5 (kg) was noted in dyslipidemic group, whereas; mean birth weight in normal lipid profile group was 3.0 ± 0.5 (kg).

Conclusion: Majority of the GDM patients may have abnormal lipid profile and this abnormal lipid profile may lead to increased operative interference and higher birth weight in comparison to GDM with normal lipid profile. Hence, performing lipid profile in GDM patients may be useful in predicting additional adverse obstetric outcomes.