Gynecology and Reproductive Endocrinology

Pregnancy outcome in patient with peripartum cardiomyopathy

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Abstract

Statement of the Problem: Cardiovascular diseases are a major cause of complications in pregnancy worldwide. Peripartum cardiomyopathy (PPCM) is a disorder in which initial left ventricular systolic dysfunction and symptoms of heart failure occur between the late stages of pregnancy and the early postpartum period. The acute form of PPCM is a clinical syndrome with reduced cardiac output, tissue hypoperfusion and increase in the pulmonary capillary wedge pressure. The syndrome carries a high morbidity and mortality and diagnosis is often delayed.

Methodology & Clinical Orientation: Monitoring of the patient with the acute form of PPCM should be initiated as soon as possible. Our patient is a 32-year-old women in 27th week of second pregnancy. Patient had one prior pregnancy 4 years ago, terminated naturally without complications, but was diagnosed with hypothyreosis after delivery and since then is on substitution therapy with levothyroxine. Initial symptoms were fatigue, cough and dyspnea, which were misread as respiratory infection. A week later patient was admitted to hospital with signs of acute heart failure. Heart ultrasound showed extremely decreased ejection fraction (21%), dilatation of left ventricle, decreased systolic function and mitral regurgitation.

Finding: Patient was treated with diuretics, cardiotonics, beta blockers and heparine and it was conciliarly decided to terminate pregnancy by performing Caesarean section, Apgar score 8. Post-operative therapy included inotropes, vasopressors (Noradrenaline, Dobutamine), diuretics, antibiotics, heparine, bromokriptine and fluids. Despite intensive therapy heart failure persisted and patient is in the heart transplant program.

Conclusion & Significance: The exact cause of PPCM is still unknown. There is data underlying the hypothesis of a multifactorial cause. Definitely, more investigations analyzing pathophysiology, genetics and treatment options are essential in order to establish standardized treatment recommendations..

Biography

Tatjana Ilic Mostic, Professor, specialist of Anesthesiology and Reanimatology, subspecialist of Clinical Pharmacology and Pain Medicine. Chief of Section for Obtetric Anesthesia, Serbia, since 2007; Professor at Medical Faculty, University of Belgrade, Serbia for postgraduate students, since 2012; Science Associate at Ministry of Science and Education, since 2007. Profesional skills are treatment and management of traumatised patients (ICU, Emergency Center, Clinical Center of Serbia; techniques of regional anesthesia; pain relief in delivery; treatment of critical patients in ICU (gynecology and obstetrics); monitoring of patients (invasive and non-invasive techniques); intraoperative cell saver procedure. ESA member (European Society of Anesthesiologists); OAA (Obstetric anesthesia association) fellow member; Board member of the Serbian Section of Anesthesiology and Intensive Care 2000-02. Board member of Serbian Society of Obstetric Anesthesia since 2009. Member of Assembly of Serbian Association of Anesthesiologists and Intensivists 2009-2016.

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