



Peripartum cardiomyopathy co-existing with severe preeclampsia complicated by AKI

Himleena Gautam

Apollo Hospitals, India

Abstract

Introduction: Peripartum cardiomyopathy (PPCM) is a type of dilated cardiomyopathy presenting with heart failure secondary to left ventricle (LV) systolic dysfunction towards the end of pregnancy or in the puerperium, where no other cause of heart failure is found. The incidence of PPCM is around 1 in 2000. It is seen in 2-68% parturient with preeclampsia, but the reason is not known. Acute kidney injury (AKI) in pregnancy is a clinical challenge with significant morbidity and mortality. Studies suggest 1.5-2% incidence of AKI in preeclampsia. Managing PPCM with severe preeclampsia is very challenging and needs combined effort of cardiologist, obstetrician, intensivist, anaesthesiologist, and neonatologist.

Case Report: We present a case of a 34-year-old woman at 35 weeks post IUI pregnancy who presented with severe preeclampsia and pulmonary oedema. Investigations revealed multiorgan involvement and patient was managed in intensive care unit. Supportive management was done with a multidisciplinary approach. Echocardiography showed moderate LV systolic dysfunction and ejection fraction of around 35%, thus suggesting PPCM. Antepartum fetal surveillance was done throughout her stay. On 10th day of admission, she went into labour. She developed acute respiratory distress with anuria and was diagnosed as acute LVF. Emergency LSCS was done under general anaesthesia with cardiac monitoring. A 1.9kg IUGR female baby was delivered. Patient was kept under mechanical ventilation postoperatively. She developed cardiogenic shock but resuscitated. Haemodialysis was done to improve renal function. Gradually she improved clinically and was discharged on 10th post-operative day.

Conclusion: A high index of suspicion is required to diagnose PPCM, especially in cases of preeclampsia as it is difficult to diagnose whether the patient with dyspnea or oedema has heart failure. Early diagnosis and treatment may prevent or lessen symptoms of PPCM and improve maternal and fetal outcomes. A cardiac evaluation is very much necessary even in slightest suspicion in these cases.

Biography

Himleena Gautam is a consultant obstetrician & gynaecologist working at Apollo hospitals, Guwahati, Assam. She has keen interest in improving the maternal and neonatal outcome of high-risk pregnancy and pregnancies with medical disorders. Academically she has been the best graduate and best postgraduate in her University and has been presenting talks, papers and posters in various zonal, national and international conferences. Also, she has published papers in various journals. She has attained training in laparoscopy and colposcopy. She wants to work for the betterment of the underprivileged section of North East India.



Publications

1. Endometrial osseous metaplasia in a case of abnormal uterine bleeding
2. Spiral Arterial Morphology in Relation to Hypertension in Pregnancy and Birth Weight by Placental Bed Biopsy: A Retrospective Analysis
3. Optimal timing of peri operative antibiotics in caesarean section and risk of postpartum and neonatal infections

4th World Congress on Womens Health and Midwifery, April 23, 2021

Citation: Himleena Gautam, *Peripartum cardiomyopathy co-existing with severe preeclampsia complicated by AKI*, Womens Health 2021, 4th World Congress on Womens Health and Midwifery, April 23, 2021