# AORTIC ARCH SYNDROME WITH PREGNANCY

## (A Case Report)

by

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## SUMMARY

**A case of 'Aortic Arch Syndrome with Pregnancy' is reported. It is one of the very rare conditions. Incidence, effect and course of 'Aortic Arch Syndrome with Pregnancy' is not yet established. It is a known fact that pregnancy is an extra-load on the maternal haemodynamics.**

*Introduction*

Aortic arch syndrome also known as "Takayasus or Pulseless disease" is one of the very rare disease except in some countries eg. Japan. The obstetrics incidence, effect and course of Aortic arch syndrome with pregnancy is not yet well established because of its rarity, thus following case report seems worthwhile.

### CASE REPORT

Mrs. N. T., 34 years primi. married in December 1981 was referred as a case of A.N.C. with Aortic Arch syndrome with toxaemia and left sided hemiparesis. She was admitted in the hospital on 24-8-1982. The expected date of delivery was 29-9-1982.

### PAST HISTORY

Patient had sudden pain on right side of the neck and weakness of left upper and lower limbs on 12-2-1982. No history of convulsions, unconsciousness, vomiting, or speech involvement. Patient was admitted in J.J. hospital for the above complaints on 16-2-1982 and was diagnosed as a case of Aortic Arch Syndrome with left sided hemiplegia with early pregnancy. Patient was investigated and advised to terminate the pregnancy. M.T.P. was done on 3-3-1982.

Patient was discharged from the hospital on 10-4-1982 after complete investigations and treatment. As patient did not have her menstruation in April and May she consulted a private practitioner. On examination height of Uterus was 26-weeks gestation, so she was advised to continue the pregnancy. Patient did not give any history of Rheumatism, joint pains, syncopal attack, cerebral insufficiency, supine hypotension, syndrome, Rhanaud's phenomenon.

### FAMILY HISTORY

No history of syphilis, tuberculosis, diabetes, hypertension, heart disease, autoimmune disease etc. in the family.

**GENERAL EXAMINATION:**—On admission.

Young patient, cooperative, pale, had gross oedema of feet. Right radial pulsations were feeble B.P. of right arm was 60 mm of Hg.

*From: Government Medical College, Nagpur. Accepted for publication on* 13-3-84.

while of left arm was 120/90 mm. Hg. Cardio-Vascular system revealed loud, systotic murmur at Mitral area. Respiratory system—NAD.

**ABDOMINAL EXAMINATION**

Abdominal examination showed uterus of 34 weeks gestation, vertex presenting in L.O.A. position with good and regular foetal heart sound.

**VAGINAL EXAMINATION:**

Cervix long uneffacted, undilated. Head was at brim, floating, pelvis was adequate.

**INVESTIGATIONS:**—At Bombay.

Hb: 8.6 gm.% Urine—NAD, Bl. Sugar-100 mg.%, Blood urea—32 mg.%, L.E. cells—Negative, KT, VDRL—Negative, L.F.T.—Normal, C.S.F.—proteins 30 mg.%, E.C.G. — showed pre excitation syndrome—

Echocardiogram — Showed border line left ventricular enlargement, otherwise all chambers and valves normal.

Arch angiography—Showed block at origin of right carotid and right subclavian artery. Left carotid was normal and healthy.

'X' ray skull—Normal.

'X' chest—normal.

**Following investigations were done at Government Medical College, Nagpur.**

Hb—8.2 Grm. % Urine—NAD Sickling — Negative, L.E. phenomenon—negative, Blood urea—28 mg.%, KT, VDRAL—Negative Sr creatinine—0.8 mg.=, Sr. sodium 136 mg.%, Sr. Potassium—3.7 mg.%.

Blood grouping and typing—A positive.

Prothrombin Index—within normal limit.

'X' ray chest—Normal.

'X' ray abdomen—showed single foetus with maturity of 36 weeks with no long anamolies on 1st September 1982.

E.C.G.—suggestive of left bundle branch block.

Fundoscopy—Marked attenuation of arteries were present.

**TREATMENT:**

Antenatal check up was done regularly. Patient was kept on sedatives, diuretics, digitalis, uterine, relaxants. General line of treatment and physiotherapy. Patient was heparinised pre-operatively and maintained on Dindavan post operatively. Under the cover of antibiotic patient was taken up for caesarean section electively on 10-9-1982.

**Delivery and Puerperium—**

L.S.C.S. done electively on 10-9-1982 as a case of ANC with elderly primi with toxaemia. A full term normal male child was delivered by vertex, weight of the baby was 2 kg. 400 gms. Operation and puerperium was uneventful. The stiches were removed on 9th day and patient was discharged on 27-9-1982 but patient was again admitted in Medicine ward after one month as she developed weakness again in both upper and lower limbs.

*Discussion*

Diagnosis is usually coincidental when radial pulse are not palpable in normal young females. In obstetrics incidence effect and course of aortic arch syndrome with pregnancy is not yet well established. As B.P. is not recordable easily, diagnosis of toxaemia peripheral circulatory failure may be unnecessarily delayed. The vascular insufficiency particularly cerebral, cardiac, and opthalmic may develop during stress of labour, which should be treated immediately. Patient should be advised to complete her child bearing at an earlier stage and oral contraceptive pills should be avoided.