Management of a case of intractable cardiac failure during pregnancy by percutaneous transluminal mitral commissurotomy
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The cardiovascular changes during pregnancy may place She was admitted at 37 weeks gestation, with an increa~e
an increased load on the heart and cause decompensa- in her symptoms of breathlessness and palpitations fn
tion in patients with pre-existing heart disease. During spite of medical therapy, her condition worsened In view
pregnancy, patients should be managed medically to mini- of congestive heart failure unresponsive to drugs, a per-
mize both feta l and maternal risks. However, in selected cu tan eous tran sluminal balloon mitral valve commi~
patients, who develop progressive congestive heart fail- surotomy was planned for her. The patient received
ure, unresponsive to medical treatment, surgical therapy perioperative antibiotics. Strict fetal monitoring was done.
is an option to be explored. We present a case of rheu- The surgery remained uneventful Post operatively. she
matic heart disease with intractable congestive heart fail- improved rapidly and stabili zed. A post operative
ure in pregnancy which was successfully managed by echocardiogram revealed a mitral valve surface area of
timely percutaneous trans luminal balloon mitral valve com- 2.2cm2. Her NYHA status improved to class 1. She
missurotomy (PTMq. was discharged on post operative da) 5

The patient, a 24 year-old-third-gravida with 2 previous She was readmitted a week later at 39 weeks gestation full term normal deliveries, first presented to the hospital in labour. Antibiotic prophylaxis wa~ administered, pro-at 33 weeks gestation with complaints of progressively phylactic measures were taken to prevent congcsti\ e heart increasing breathlessness and fatigue. On evaluation and failure. She was delivered of a male baby weighing 3 kg. investigations which included an ECG and Postpartum recovery was smooth. The patient remained echocardiogram, she was diagnosed to have rheumatic stable at NYHA class I and was discharged a week later. heart disease with moderate mitral valve stenosis with
mitral valve surface area of 1 .5 cm2

• She was class III, This case report demonstrates how patient~ with heart
NYHA (New York Heart Association) classification. She disease, refractory to medical treatment can be managed was started on digoxin, rusemide and penicillin prophylxis. by cardiac surgery during pregnancy, at tertiary centre~.

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