

Pregnancy with Ebstein Anomaly

Kausik Das, Sudipto Basu

Dept. of G & O, R.G. Kar Medical College & Hospital, Calcutta - 700 004

Mrs. S.S., 30yrs old school teacher presented on 12.12.1995 with the complaint of slight brownish discharge P/V. Her L.M.P. was on 28.09.1995 and E.D.D. was 05.07.1996. She was married for 3 yrs and was trying for pregnancy for last 2 years. She had a spontaneous abortion at 5 wks gestation in May, 1995.

At the time of first visit, there was no active bleeding P/V and uterus was 12-14 weeks size. U.S.G. on 30.12.1995 showed a single viable fetus of 13 wks. gestation: diam. of internal os was 4 mm. And the cervix was short and thick (25x23mm). U.S.G. impression was cervical incompetence. (Fig. 1) Cerclage operation was done on 07.01.1996. She carried the pregnancy well without any significant complaints. Her routine investigations were normal Hb - 11 gm/dl, Blood gr O +ve, PPBS - 112 mg/dl, VDRL - ve.

At 34 wks she complained of uneasy feeling and some amount of breathlessness and palpitation during day-to-day activities. On examination, her pulse was 88/mm (reg.), volume normal. BP-105/60 mmHg and on auscultation a short systolic murmur was heard in the mitral area. Per abdomen, uterus was corresponding to the period of amenorrhoea. F.H.S. was normal. U.S.G. on 10.05.1996 showed single viable fetus of 33wks, BPD 84mm, placentation left lateral upper segment with grade II maturity. E.C.G. on 23.05.1996 showed partial RBBB.

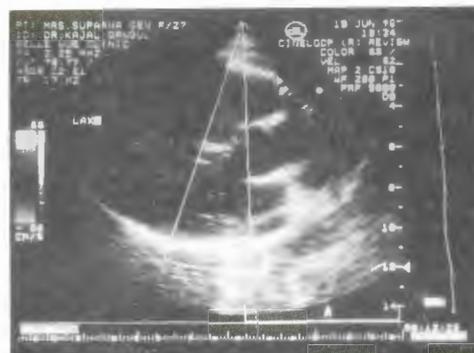


Fig. 1 : Ebstein Anomaly - Echo-cardiography showing displacement of septal leaflets.

Fig. 2 & 3 : Ebstein Anomaly - Colour doppler study showing apical displacement of tricuspid valve, grade 1+ tricuspid regurgitation, normal great arteries and no evidence of ASD.

Echocardiography on 01.06.1996 showed displacement of septal leaflets and SAIL SIGN which pointed towards EBSTEIN anomaly. Colour doppler findings also confirmed the diagnosis showing apical displacement of tricuspid valve (2.6cm), grade I+tricuspid regurgitation, normal great arteries and valves without any evidence of ASD. (Fig 2&3).

She was admitted for observation on 13.06.1996. She went into labour spontaneously at about 6 am on 19.06.1996. McDonald's stitches were removed at 7am during the first stage; fetomaternal conditions and

progress of labour were satisfactory. To shorten the second stage, prophylactic longbladed forceps were applied and a healthy male baby weighing 3.3kg was delivered at 3-25pm on 19.06.1996. There was one loose loop of cord around the neck which was slipped easily. The baby cried immediately after birth, 15 minutes after confinement pulse rate of mother was 96/mm, BP – 130/90 mmHg. Puerperium was entirely normal.

In the follow-up after 6 wks the patient was asymptomatic and the growth and development of the baby was satisfactory.