## Ebstein Anomaly in Pregnancy

## Chitra T.V., Seetha Panicker, Bhuvaneshwaran J S

Department of Obs, & Gyn. and Cardiology P.S.G. Institute of Medical Sciences & Research, Peelamedu, Coimbatore - 4.

Ebstein anomaly is a congenital heart disease where the tricuspid valve is displaced downwards into the right ventricle. Successful pregnancies have been reported but gestation poses a number of potential hazards. The functionally inadequate right ventricle already burdened by tricuspid regurgitation is ill equipped to cope with the increased cardiac output of pregnancy. Recurrent episodes of supraventricular tachycardia, atrial fibrillation, and paradoxical embolism are the important complications that can occur during pregnancy in these individuals.

We report a rare case of Ebstein anomaly who delivered without any complications only to have an unexpected serious problem postnatally.

A 24 year old primigravida a known case of Ebstein anomaly presented with 6 months pregnancy for Antenatal care. Her cardiac status was stable on booking. She was asked to come for regular check up. At 34 weeks of pregnancy she developed severe preeclampsia which was treated with Aldomet and Nifedepine. She went into spontaneous labour at 37th week of pregnancy. She had intensive monitering intrapartun and had no complications. She delivered a female baby of 1.75 kg by outlet forceps. She had an uneventful puerperium and was discharged after the BP settled. She was asked to come for regular follow up. She reported at 6th week following delivery with severe pain of sudden onset in the right leg. On examination she was found to be afebrile, not dyspnoeic and not in failure. Dorsalis Pedis was not palpable on the right side. A Doppler showed that there was a thrombus in the right proximal popliteal artery. An Echo was done which showed two interesting features.

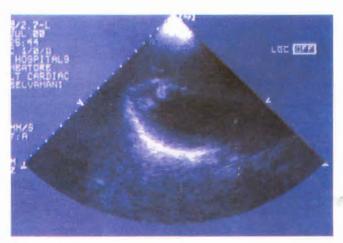


Figure: 1. Ebstein Anomaly

- 1) Dilated ventricle with ejection fraction of 36% compared to 67% present initially.
- 2) Multiple clots in the left ventricle.

Patient was diagnosed to have dilated cardiomyopathy with embolism. She was digitalised, started on the Heparin and put on antibiotics. Dorsalis Pedis appeared after 48 hours. She was switched to oral anti-coagulants and discharged on 10<sup>th</sup> day following the incident.

Medline search showed a few patients with Ebstein anomaly and pregnancy but no single case of a combination of Ebstein anomaly and peripartum cardiomyopathy with embolism. We present this case for its extreme rarity.