EP13.60

A case report of peripartum cardiomyopathy in an asymptomatic female in her third trimester of pregnancy

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Introduction Peripartum cardiomyopathy (PPCM) is a rare but serious complication of pregnancy with an incidence of 1: 1300 to 1:4000. Several pathogenic factors are suspected to play a role in causation including inflammation, infection, genetics, autoimmune and oxidative stress. Diagnosis is based on the presence of 1) development of heart failure during the last month of delivery or within 5 months postpartum 2) absence of identifiable cause of heart failure 3) absence of recognisable heart disease prior to the last month of pregnancy 4) left ventricular dysfunction determined during echocardiography with ejection fraction is < 45%.

Case A 39-year-old woman admitted to the obstetrics ward due to a systolic murmur detected at 35 weeks of gestation. It was her third pregnancy with her first pregnancy ending in a second trimester miscarriage. Her second pregnancy 3 years prior had no pregnancy or birth complications. Her current pregnancy was a singleton pregnancy and she had no history of heart disease and had no symptoms and sign of pre-eclampsia. She was not on any medication and had no bad habits. Her investigations showed signs of neutrophil leucocytosis: WBC 17.5 $10^3/\mu$L with neutrophils at 11.74 $10^3/\mu$L. However she had no clinical signs of infection. Liver and renal function assessment remained within normal limits. Echocardiography showed left ventricular ejection fraction of 30% with global hypokinesia and Grade 2 mitral regurgitation. She remained asymptomatic despite the low systolic function. Her treatment included a loop diuretic and selective $\beta 1$ receptor blockers. At 37 weeks a planned caesarean section was performed under general anaesthesia and a male baby weighing 2.1 kg was delivered.

Conclusion As the incidence of PPCM is low and symptoms are non-specific or absent as in this patient. Therefore diagnosis can often be delayed and may even be missed unless echocardiography is performed. Thus obstetricians should be aware of PPCM and consider it when diagnosing patients with incidental findings of cardiac murmurs to expedite management in a potentially lethal condition.