

Introduction

- **Eisenmenger syndrome** is a complex congenital heart disease characterized by significant shunts .
- It poses substantial risks during pregnancy, leading to **high maternal and fetal mortality rates**.
- This case report explores the intricate management of a pregnant patient with Eisenmenger syndrome who declined termination.

Case summary

A 33-year-old pregnant primigravida with **Eisenmenger syndrome** presented to anesthesia clinic at **12 weeks** of gestation for preoperative assessment.

- The patient had **multiple cardiac interventions** done in her earlier life.
- Termination** of pregnancy was offered and refused by the couple.
- Her **baseline** maternal saturation of **75%** in room air.

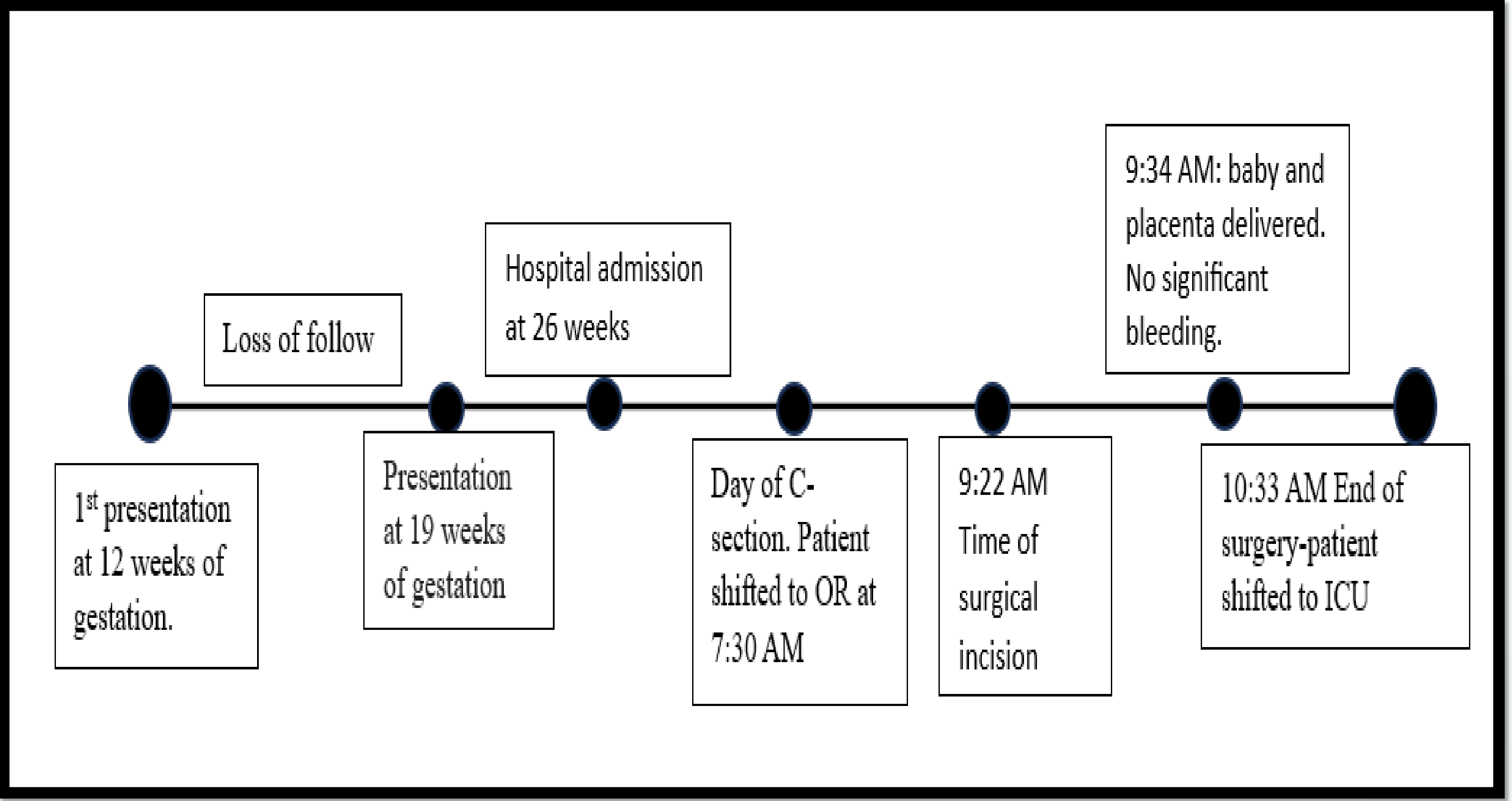
- Hospital admission at **26 weeks** of gestation for close maternal and fetal surveillance and maternal **oxygen therapy**.

- C-section was done at **28 weeks** of gestation which was decided after multiple MDT meetings. **Dural puncture epidural** anesthesia approach was adopted .

- Neonate faced severe complications succumbing to **heart failure** and **pulmonary hypertension**.

Discussion

- Managing pregnant patients with Eisenmenger syndrome is challenging and not standardized.
- **Counseling** regarding the **risks** and **termination** of pregnancy should be offered as this syndrome is **poorly tolerable** accompanied by the physiological changes of pregnancy.
- It is important to emphasize the need of **early hospitalization, supplemental oxygen**, and **medications** to mitigate risks.
- A delicate balance is required in anesthesia choices—**general versus regional**.
- **DPE** technique was deemed suitable to our case to avoid the hemodynamic instability associated with positive pressure ventilation.
- **Shared decision making** (SDM) among obstetricians, cardiologists, and anesthesiologists played a pivotal role in decision-making and treatment strategies.
- **SDM** enables a **comprehensive evaluation** of the patient's health and empowers patients to actively engage in their care, aligning treatment plans with their values and preferences.



Timeline of patient's information and events

Conclusion

- This case underscores the **critical role of multidisciplinary teams** in devising anesthetic approaches for pregnant individuals with Eisenmenger syndrome.
- The inclusion of patients in **decision-making processes** serves as a crucial tool for optimizing their health outcomes and overall well-being.

References

- Slaibi A, Ibraheem B, Mohanna F. Challenging management of a pregnancy complicated by Eisenmenger syndrome; A case report. Ann Med Surg (Lond). 2021 Aug 16;69:102721. doi: 10.1016/j.amsu.2021.102721.
- Yuan SM. Eisenmenger Syndrome in Pregnancy. Braz J Cardiovasc Surg. 2016 Jul-Sep;31(4):325-329. doi: 10.5935/1678-9741.20160062.