



Refractory atrial tachycardia and its management in pregnancy

Lessons for the anesthetist

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1

Introduction

The physiological changes of pregnancy can predispose women to arrhythmias. We describe a case of multifocal atrial tachycardia (AT) refractory to anti-arrhythmic medications and cardioversion ultimately requiring catheter ablation for resolution.

2

The case

A 28-year-old primiparous woman presented to the emergency department at 26-week gestation with symptoms of palpitations and dizziness. She had a previous history of discectomy and was prescribed gabapentin and amitriptyline. Her ECG showed hemodynamically stable supraventricular tachycardia (SVT). The patient journey is described below...

4

Discussion

Our case highlights that arrhythmia during pregnancy on rare occasions may be refractory to anti-arrhythmic agents and cardioversion requiring cardiac ablation in a tertiary centre. Anesthetists should be aware of the management of arrhythmias and also the potential teratogenic effects of commonly used antiarrhythmics. With the aim being to restore sinus rhythm for maternal hemodynamic stability and placental perfusion, anesthetists form part of the multidisciplinary team in devising a peripartum care plan, intrapartum management and postoperative monitoring

5

Lessons for the anesthetist

- ✓ Management of arrhythmia should be as per ESC guidelines. Scan the barcode for a refresher



- ✓ Early peripartum planning as well as a clear anaesthetic plan to prevent exacerbation of arrhythmia during delivery is required
- ✓ Despite often having to work in remote areas, obstetric anesthetists need to be aware that cardiac ablation in tertiary centres may be the most effective treatment

3

Our patient's journey

Presented at 26 weeks with palpitations and dizziness. ECG showed SVT

Failed vagal maneuvers, sinus rhythm established with adenosine. Discharged to cardio-obstetric clinic on bisoprolol

Review at 30 weeks, ongoing SVT at 150 bpm. Started on digoxin, flecainide and metoprolol. X3 failed cardioversions under general anesthetic. Echo reveals ejection fraction of 35%

Multidisciplinary team decision for catheter ablation. Failed initially, then successful with Orion mapping catheter. Discharged on anticoagulation and bisoprolol

Planned caesarian section at 37 weeks gestation. Delivered a healthy 2.9 kg baby