

Cesarean section in a second trimester patient with decompensated peripartum cardiomyopathy secondary to preeclampsia

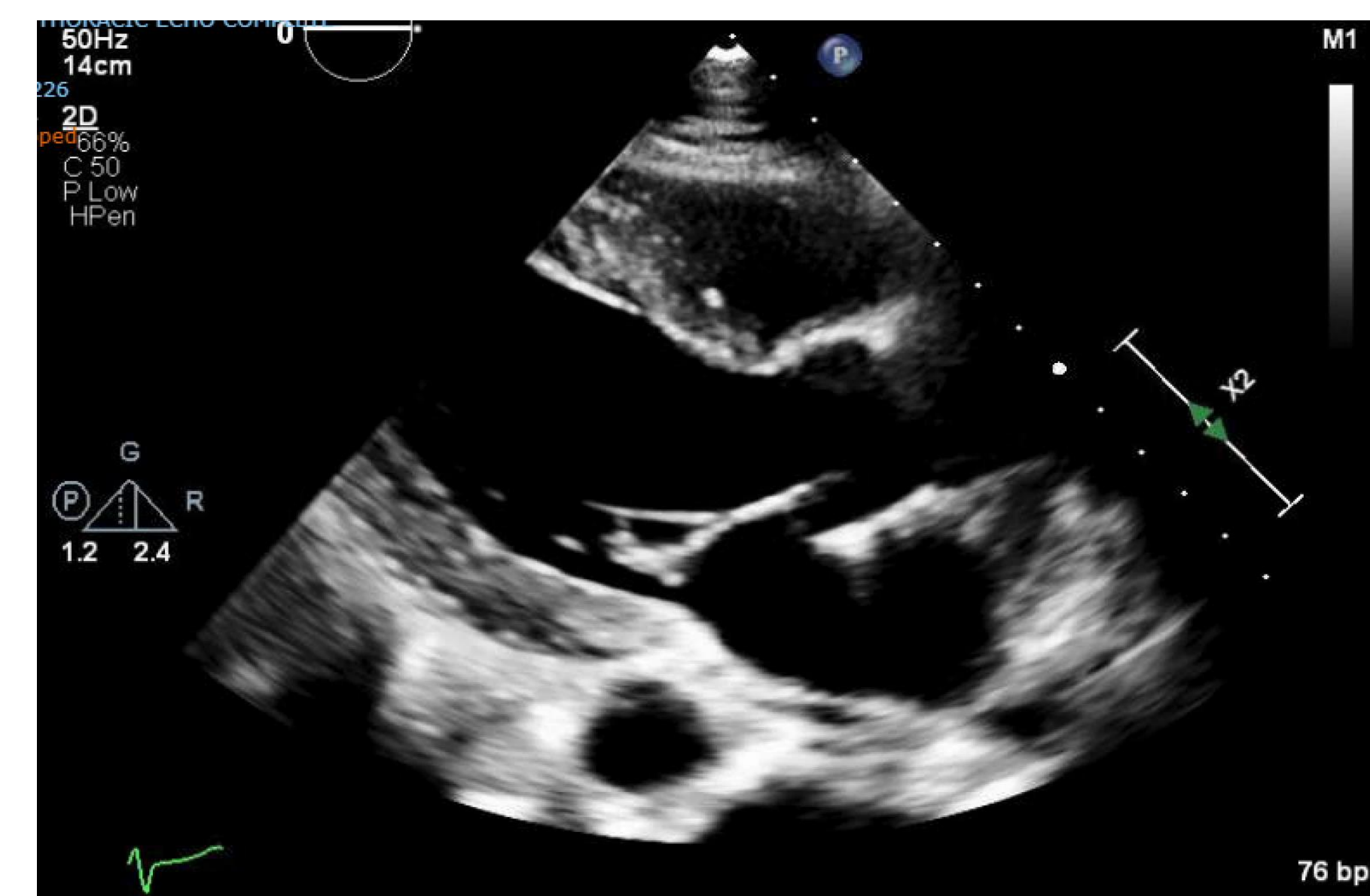
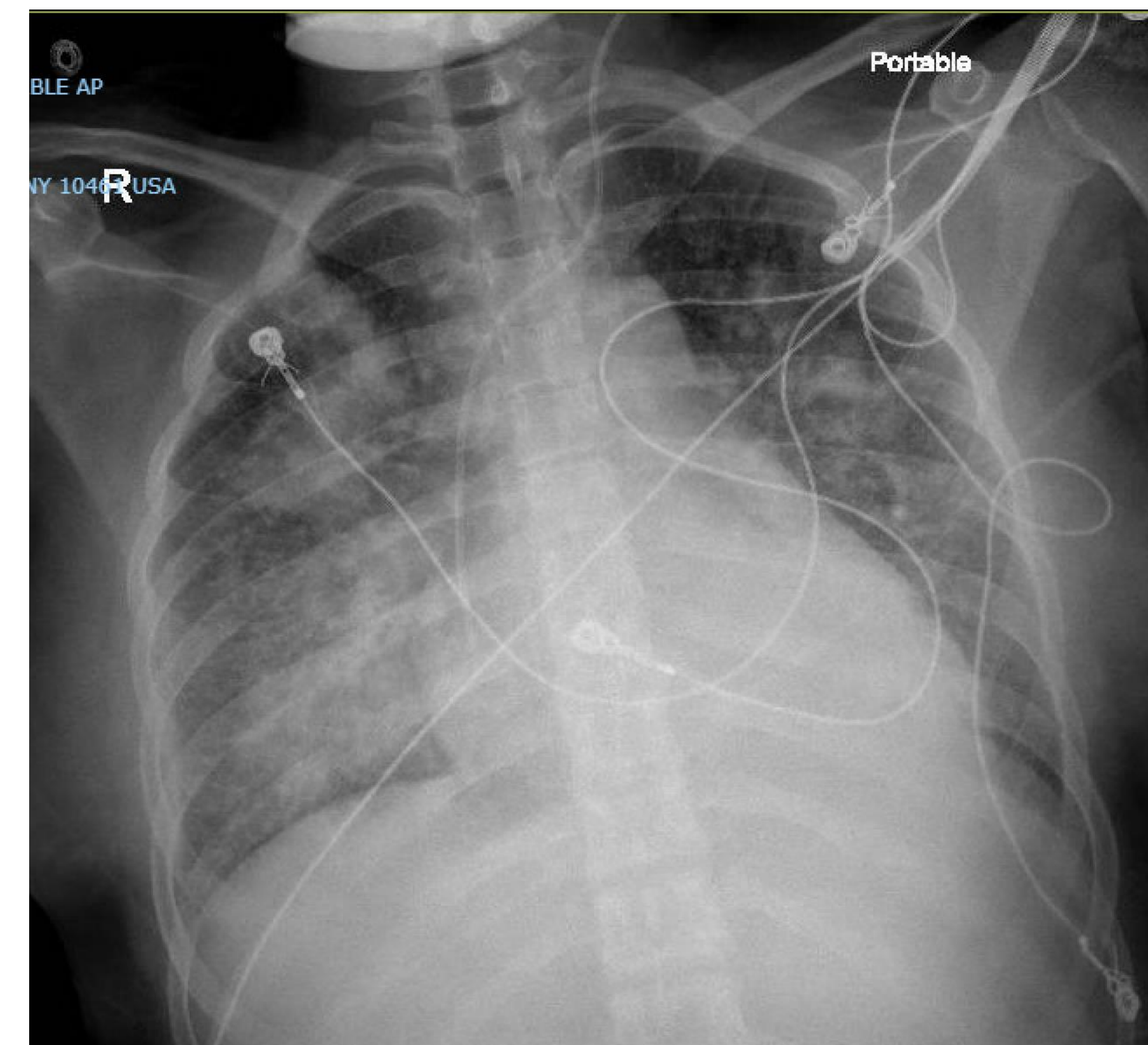
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Introduction

- Peripartum cardiomyopathy (PCCM) has an incidence of 1:2000 [1].
- Half have comorbid hypertensive disease [2].
- Cardiac function recovers in half within 6 months [1].
- 20% maternal mortality rate, 10% require transplant or VAD [1].

Case Description

- 28yo G3P1 22w5d PMH of preeclampsia presented with preeclampsia and respiratory distress.
- Patient did not desire termination of pregnancy/
- Progressive systolic heart failure (EF 45->35%) and pulmonary edema requiring HFNC → ICU level care → classic CS.
- Tolerated supine position → **neuraxial** > general.
- VA ECMO sheathes in place.
- Resulted in live birth.
- Discharged on labetalol and furosemide.
- Eventual cardiac recovery.



Discussion

- 90% of cases of PCCM occur **postpartum** [2].
- Definitive treatment of acute decompensated PCCM termination.
- HD stable can proceed with vaginal delivery, but critically ill patients require CS [3].
- Guiding principles include pain control to prevent increases in HR and SVR and prevent drop in afterload.
- Cardiogenic pulmonary edema may necessitate general anesthesia.

Learning Objective

Anesthetic considerations in the cesarian section of a second trimester patient with decompensated peripartum cardiomyopathy.

Citations

- [1] Arany, Z. Peripartum cardiomyopathy. NEJM. 2024 Jan; 390(2):154-164. doi:<https://doi.org/10.1056/NEJMra2306667> [2] Lampert MB, Lang RM. Peripartum cardiomyopathy. Am Heart J. 1995 Oct;130(4):860-70. doi:10.1016/0002-8703(95)90089-6. [3] Kaplan JA. Kaplan's Cardiac Anesthesia, 8th Edition. Elsevier. 2023.