



Post-partum Pulmonary Hypertension, Adrenal crisis, Hashimoto's thyroiditis, 3 ICU admissions - Obstetrics Nightmare!

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Objective: To present a rare case of postpartum pulmonary hypertension.

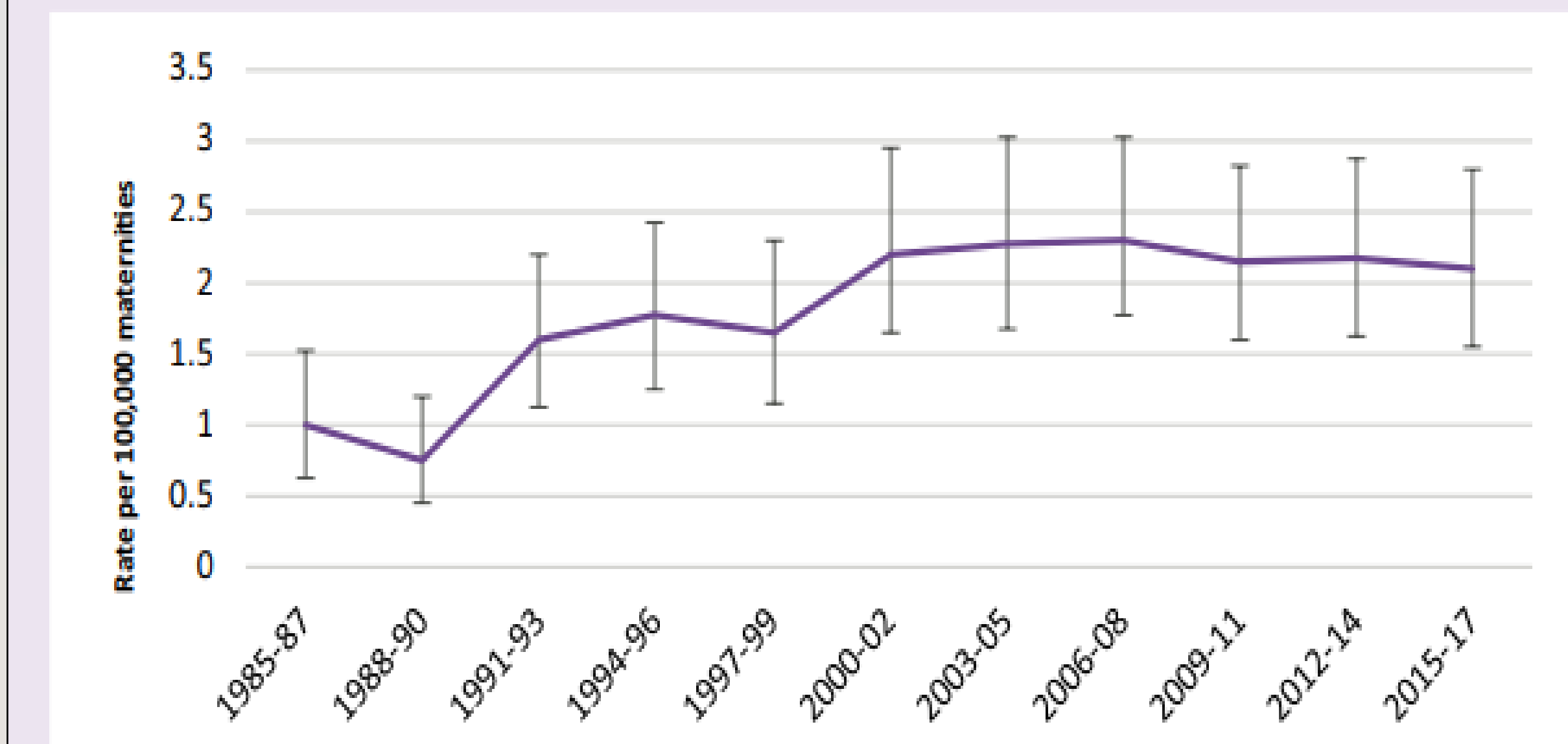
Case Report: A 33-year-old, G3P2, presented at 31+2 weeks in labor. She underwent an Emergency CS which was complicated by bladder injury. She was tachycardic. Echocardiogram showed severely dilated right ventricle with systolic dysfunction. EF 50.8% severe Tricuspid regurgitation, PH RVSP 75mmhg. The patient had to be admitted to the ICU thrice, initially for cardiogenic shock, was found to have Hashimoto's thyroiditis and developed adrenal crisis, on the second occasion she was admitted with suspected sepsis and lastly after developing convulsions. She was discharged almost seven weeks after initial admission. The patient is awaiting right heart catheterization.

Discussion: Pulmonary hypertension (PH) in pregnancy is associated with a high risk of morbidity and mortality and is considered a contraindication to pregnancy. There are however a small number of published reports of this condition in pregnancy mostly discovered after delivery. The inability to increase cardiac output leads to heart failure and risks are further increased due to hypercoagulable state and decreased systemic vascular resistance. Exertional dyspnea and fatigue are the most common presenting features but, in our patient, she did not report dyspnea and diagnosis was made by ECG for persistent tachycardia.

Conclusion: This case demonstrated that a multi-disciplinary approach led to a successful outcome for the patient and baby.

Maternal mortality from cardiac disease

Figure 3.1: Maternal mortality rate from cardiovascular causes, UK 1985-2017



Sources: CMACE, MBRRACE-UK

Cardiac Maternity Death

