

Peripartum Cardiomyopathy Presenting as Bradycardia in Teenage Twin Pregnancy

A MAHDOOM¹, A SITHAMBARAPILLAI¹, S RATHNAYAKE¹, P KALAIMARAN¹,
1 COLOMBO SOUTH TEACHING HOSPITAL, KALUBOWILA, SRI LANKA

OBJECTIVES

Peripartum Cardiomyopathy in teenage twin mother presented with asymptomatic bradycardia is rare. Timely diagnosis is necessary for good outcome

CASE REPORT

A 16 year old primi mother underwent vaginal delivery for monochorionic diamniotic (MCDA) twin at the period of gestation of 36 weeks. Immediate postpartum period she was found to have low pulse rate of 46 beats per minute which was detected in Modified Early Obstetric Warning Score (MEOWS) chart. Her blood pressure was 140/80 mmHg. But she was free of symptoms. Her antenatal period was uncomplicated even though it was high risk pregnancy due to teenage monochorionic diamniotic twin pregnancy. Labour was spontaneous onset and it was progressed well. 1st twin was delivered via cephalic presentation and 2nd was breech delivery. Active management of third stage was performed. There was no postpartum haemorrhage. There was no past history of heart disease or hypertensive disorders. No family history of heart diseases. She was underweight. Haemoglobin was 12g/dl. ECG was sinus bradycardia. Her echocardiogram showed mild global left ventricular dysfunction with bi atrial dilatation and ejection fraction was 45%. She was diagnosed as Peripartum Cardiomyopathy and managed with beta blocker, Angiotensin converting enzyme inhibitor, diuretics. Bradycardia was recovered gradually. Progesterone containing sub dermal long acting reversible contraceptives method was offered. Cardiology follow up has been arranged.

DISCUSSION

Peripartum cardiomyopathy (PPCM) is defined as idiopathic cardiomyopathy presenting with heart failure secondary to left ventricular systolic dysfunction towards the end of pregnancy or up to 6 months following delivery, where no other cause of heart failure is found. Afro – Caribbean lineage, Multiparity, multiple pregnancy, obesity, advanced maternal age and chronic hypertension are the risk factors for PPCM. Even though this patient had only multiple pregnancy as a risk factor, underweight and teenage are opposite to obesity and advanced maternal age respectively. Postpartum monitoring with MEOWS chart will help to early detection of complications such as PPCM. Tachycardia is one of the red flag signs of heart failure in PPCM but bradycardia can be present rarely like in this case.

CONCLUSION

- ✓ PPCM can be presented with unusual signs as well like bradycardia.
- ✓ Postpartum monitoring with MEOS chart will help for early detection of complications