

PREGNANCY WITH CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA (CPVT)

Introduction: CPVT is a rare inherited condition characterised by life threatening cardiac arrhythmias. The lethality rate of the condition is around 30-50%.

Case report: A 31 years old lady had two Caesarean sections at term with no complications from CPVT. She was on B- Blockers from the age of 9. She was followed up in our department in both her pregnancies. She underwent both LSCS at term after uneventful pregnancies. Her follow ups included serial growth scans, foetal ECHO and liaising with other specialities such as cardiology, electrophysiology, maternal foetal medicine, anaesthesia, neonatology to reduce foeto-maternal complications from the disease.

Discussion: Literature search shows that the pregnancy and postpartum cardiac events in women include syncope, cardiac arrest particularly in those not taking B- Blockers. Foetal complications included miscarriages and intra-uterine growth restriction. In our case, there was intra-uterine growth restriction in her second pregnancy, with no other foeto- maternal complications.



Conclusion:

Despite being a rare and dangerous condition, CPVT is not a contra-indication to pregnancy. Most anti-arrhythmic drugs prescribed are life – saving and have low risk of teratogenesis. However, potential for CPVT destabilisation occurs if anti-arrhythmic drugs are decreased or stopped, when ICD shock exacerbates catecholamine response or during adrenaline surges by labour or delivery.

Authors: Dr Chhavi ¹ , Speciality Doctor, OBG
Mr Ajith Wijeswardana ², Consultant OBG
Cumberland Infirmary, NCIC NHSFT, Carlisle, UK

