



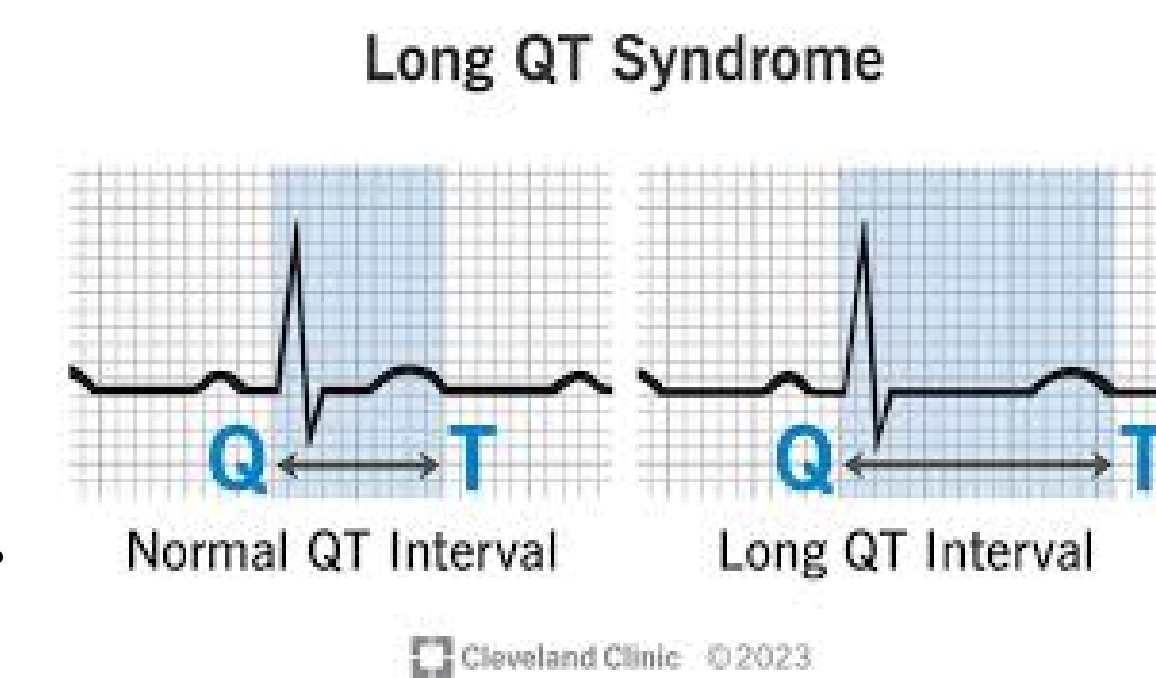
Long QT, Short Margins: Multidisciplinary Triumph in High-Risk Pregnancies

AUTHOURS: IFTIKHAR SOHAIL¹, HIRSI-FARAH SUAD¹

¹ GEORGE ELIOT HOSPITAL NHS TRUST, O&G, NUNEATON, UNITED KINGDOM. EP 1035

BACKGROUND

Long QT syndrome (LQTS) is a rare cardiac channelopathy characterised by prolonged ventricular repolarisation. Pregnancy and childbirth increase arrhythmic risks, necessitating meticulous planning and multidisciplinary care.



CASE SERIES SUMMARY

Three high-risk pregnancies complicated by LQTS were managed successfully:

Case 1 – Type 1 LQTS: A 28-year-old multipara on beta-blockers underwent planned C-section at 38 weeks under epidural anaesthesia. ECG monitoring showed no arrhythmias. Neonate's QT interval was normal.

Case 2 – Type 2 LQTS: A 33-year-old woman with prolonged QT and recurrent syncope had an elective C-section at 37 weeks under spinal anaesthesia. Continuous ECG monitoring was used. Both mother and neonate had stable outcomes.

Case 3 – Newly Diagnosed LQTS: A 25-year-old primigravida discovered to have prolonged QT incidentally underwent vaginal delivery under telemetry monitoring at 39 weeks. No arrhythmias occurred. Neonatal ECG was normal.

DICUSSION

All cases demonstrate successful maternal and neonatal outcomes due to:

- Early multidisciplinary planning (cardiology, obstetrics, anaesthesia, neonatology)
- Individualised delivery approach based on cardiac risk
- Continuous telemetry and adherence to beta-blockers
- Neonatal ECG screening

LEARNING POINTS

- LQTS requires proactive cardiac surveillance throughout pregnancy and postpartum.
- Multidisciplinary coordination is critical to minimise arrhythmic risk.
- Early diagnosis and personalised care plans optimise outcomes.

CONCLUSION

Pregnancy with LQTS can be safely managed with structured multidisciplinary care and careful intrapartum monitoring. Delivery planning, risk stratification, and postpartum vigilance are paramount.

REFERENCES

1. Goldenberg I, Moss AJ. Long QT Syndrome. J Am Coll Cardiol. 2008;51(24):2291-300.
2. RCOG Green-top Guideline No. 13a: Cardiac Disease and Pregnancy.
3. Drew BJ et al. Prevention of torsade de pointes in hospital settings. Circulation. 2010;121(8):1047-60.