

Case Series of Two Types of Successful Deliveries in Parturients with Shone's Complex

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Case Description #1 – Vaginal Delivery with Labor Analgesia

- 26-year-old G2P0 at 38 wga with PROM
- PMH: Shone syndrome s/p repair in childhood
- Current pregnancy history: stable MS mild residual sub-aortic stenosis, & normal ventricular function
- Decision to proceed with vaginal delivery and epidural analgesia

Hospital Course:

- Successful labor CSE was performed
 - Fentanyl 25 mg administered intrathecally
 - Continuous epidural infusion of fentanyl 2 mcg/ml + 0.1% bupivacaine at 10 ml/hour
- She remained hemodynamically stable and discharged PPD #1

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Case Description #2 – Cesarean Delivery with Spinal Anesthesia

- 25-year-old G1P0 at 39 wga who presented for scheduled cesarean delivery
- PMH: Shone syndrome s/p repair in childhood with residual MS and hypoplastic aortic arch
- Current pregnancy history:
 - Cardiology expressed concern for development of pulmonary hypertension due to her fixed obstructive lesions
 - Scheduled cesarean delivery followed by admission to CVICU was planned.

Hospital Course:

- Spinal anesthetic was performed with fentanyl 15 mcg, hyperbaric bupivacaine 1.6 mL, and morphine 100 mcg. Phenylephrine infusion was initiated at 80 mcg/min and titrated off prior to transfer to CVICU
- She remained hemodynamically stable and was transferred to the floor PPD #1

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What is Shone's Complex?

- Coexistence of anomalies: parachute mitral valve, supraaortic left atrial ring, sub-aortic stenosis, and/or aortic coarctation

How does this affect my management?

- Although corrected in infancy, residual symptoms in adult patients guide management
- Pulmonary hypertension can develop due to hypoplastic left ventricles, aortic stenosis, mitral stenosis, and left ventricle outflow lesions
- Each patient had her delivery plan individualized to the residual symptoms left over from her childhood repair

Discussion:

- We present a successful and uncomplicated delivery for each patient, one with a vaginal delivery and one with a cesarean delivery
- As the patients were closely followed by adult congenital cardiologists, review of their extensive records allowed for detailed preparation as well as adjustment of delivery plans as necessary