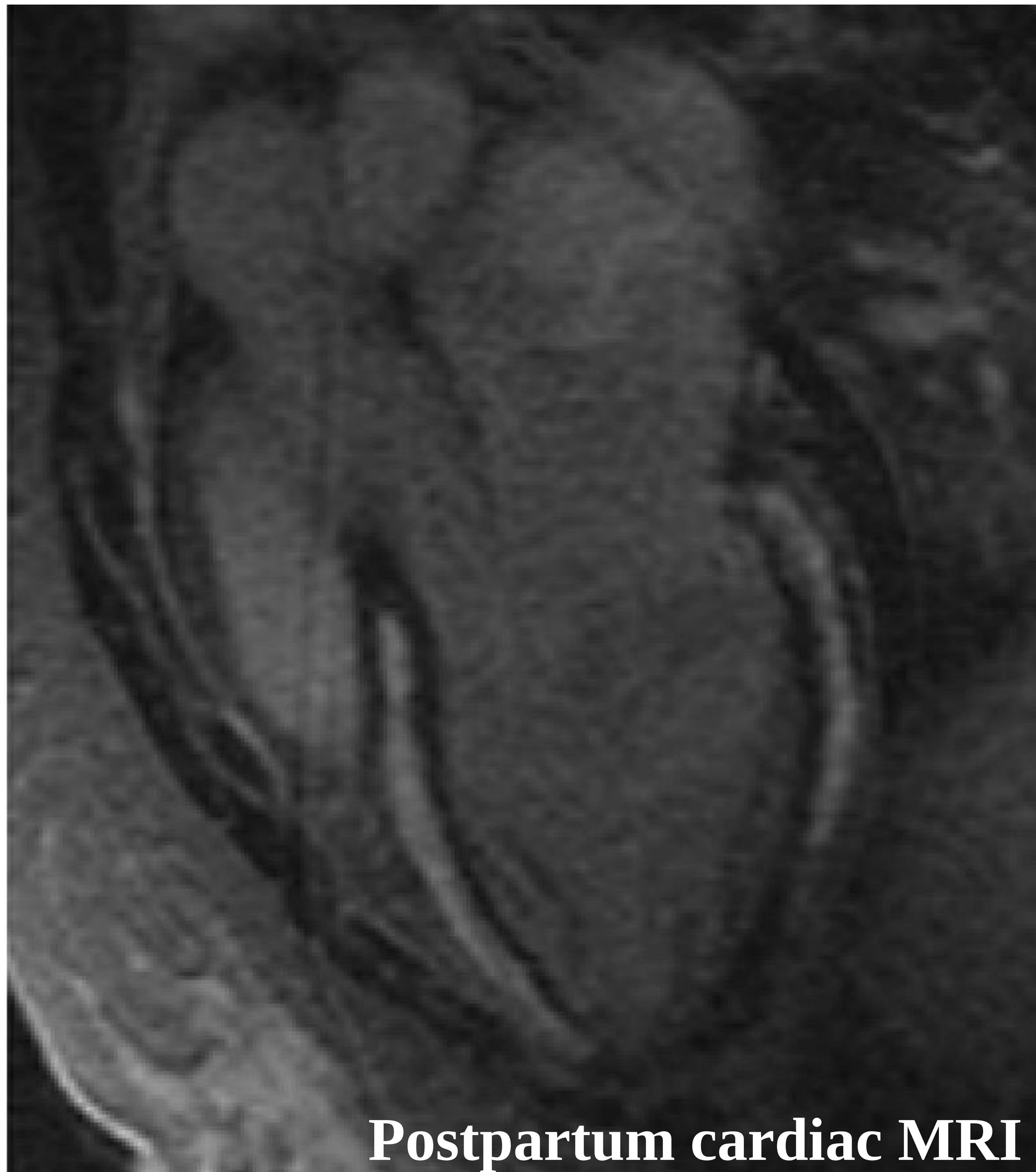


Anesthetic management of pregnancy termination in a high-risk patient with genetic peripartum cardiomyopathy

Alla Yarmosh, MD MCR, Andrea Traynor, MD, Jessica Ansari, MD
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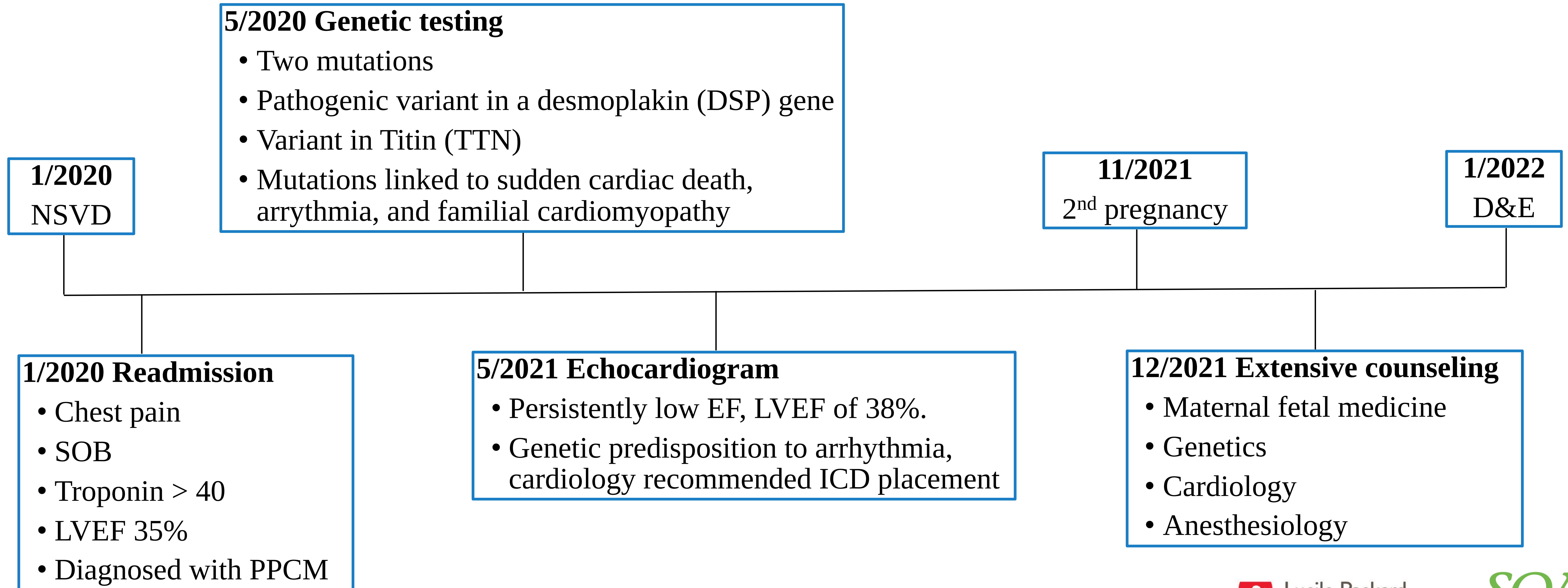


Introduction

- Peripartum cardiomyopathy (PPCM) is new onset heart failure secondary to systolic dysfunction occurring in the peripartum or postpartum period
- LVEF at diagnosis is the most reliable predictor of adverse outcomes and long-term recovery
- Patients with LVEF < 50% are at higher risk of relapse and approximately half show deterioration in subsequent pregnancy
- European Society of Cardiology guidelines discourage subsequent pregnancies in patients with LVEF <50%

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Anesthetic Management

- **Procedure:** D&E at 14 weeks gestation
- **Location:** main hospital of our tertiary care center
- **Anesthetic:** general anesthesia with a native airway
- **Meds:** midazolam, fentanyl, and propofol infusion with phenylephrine prn
- **Fluids:** 500 mL of crystalloid
- **Additional:** defibrillator pads in room, esmolol and amiodarone bolus syringes for possible arrhythmias, and a cardiac anesthesiologist was present
- **Post operative monitoring:** telemetry

Discussion

- Recent literature supports the safety of intravenous anesthesia with a native airway for dilation and evacuation procedures up to 24 weeks gestation
- A native airway technique was selected to avoid sympathetic surges in a PPCM patient with reduced ejection fraction and risk for arrhythmia due to genetic cardiomyopathy