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McGovern Medical School
The University of Texas Health Science Center at Houston

Cesarean delivery in a parturient with severe mitral regurgitation from Libman-Sacks endocarditis and recurrent deep vein thromboses

Neva Lemoine MD, Kendra Brown MD, Linden Lee MD

Introduction

- Libman-Sacks endocarditis is a type of non-bacterial endocarditis that may be associated with inflammatory conditions and can affect valve function.
- Regurgitant valvular lesions are generally well tolerated in pregnancy and can safely be managed with neuraxial anesthesia **[1]**.
- However, this management can be complicated by anticoagulation requirements.

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Case Report

- 30 year-old G6P6 with history of SLE complicated by Libman-Sacks endocarditis and severe MR
- History of Antiphospholipid antibody syndrome with recurrent DVTs on LMWH
- 3 prior cesarean deliveries (CD)
- Presented for CD at 33w2d due to worsening shortness of breath
- Echo: LVEF 60-65%, severe MR and diffusely thickened mitral leaflets
- CD scheduled due to worsening clinical status and for anticoagulation management
- Heparin infusion started to allow shorter interval off anticoagulation and for neuraxial anesthesia planning
- Day of surgery labs revealed a falsely elevated aPTT as a result of SLE, but a normal heparin anti-factor Xa level **[2]**
- Epidural placed and slowly dosed with 15ml of 2% lidocaine with epinephrine, and 100mcg of fentanyl until a T4 sensory block achieved
- Continuous non-invasive BP monitoring via ClearSight system was used, and these indices were stable throughout CD

https://www.edwards.com/devices/hemodynamic-monitoring/clearsight

- CD was uncomplicated and patient was restarted on a heparin infusion 2 hours after delivery and transitioned to therapeutic LMWH the following day

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Discussion

- Parturients with cardiac disease can often be delivered utilizing carefully dosed neuraxial anesthesia.
- Careful planning must be performed in parturients with coexisting thromboembolic disease on therapeutic anticoagulation to allow for safe neuraxial placement
  - Reduce time off anticoagulation and minimize bleeding complications.
- Continuous non-invasive blood pressure monitoring can be utilized to tightly control hemodynamics while minimizing tissue trauma in a patient expected to be restarted on therapeutic anticoagulation.

Graphical Trend screen on HemoSphere advanced monitor

https://www.edwards.com/devices/hemodynamic-monitoring/clearsight

References

1. Pfaller B, et al., J Am Coll Cardiol. 2021;77(21):2656-2664.
2. Weidner D, et al., *Proc (Bayl Univ Med Cent)*. 2021;34(5):636-637.

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