

A Case of Asymptomatic Sustained Ventricular Tachycardia During Latent Labor

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Background

- Cardiovascular co-morbidities are the #1 reason for increased U.S. maternal mortality
- Pregnancy-related cardiovascular changes can worsen cardiac conditions
- Cardiac arrhythmias are the most common pregnancy-related cardiac complication



Image courtesy of Harpo, Inc.



Case Report

23-year-old G2P0010 40 weeks healthy woman
for IOL. Minimal prenatal care.

Pulse ox: Frequent irregular beats. Telemetry: ventricular bigamy
with intermittent sustained ventricular tachycardia (SVT)
Patient asymptomatic

Labs unremarkable. TTE: LVEF 60-65%, moderately dilated left
ventricle (5.99cm), normal RV, no valvular abnormalities.

Cardiac consult. Start IV metoprolol. Early epidural labor
analgesia. C-section for arrest of dilation.

Oral metoprolol initiated and discharged on POD2 with
30-day Holter

Three months later--> Holter results: 37% (PVC) burden.
Underwent septal and LV outflow tract ablation.
No evidence of recurrence and metoprolol was discontinued.

A Case of Asymptomatic
Sustained Ventricular
Tachycardia During Active Labor

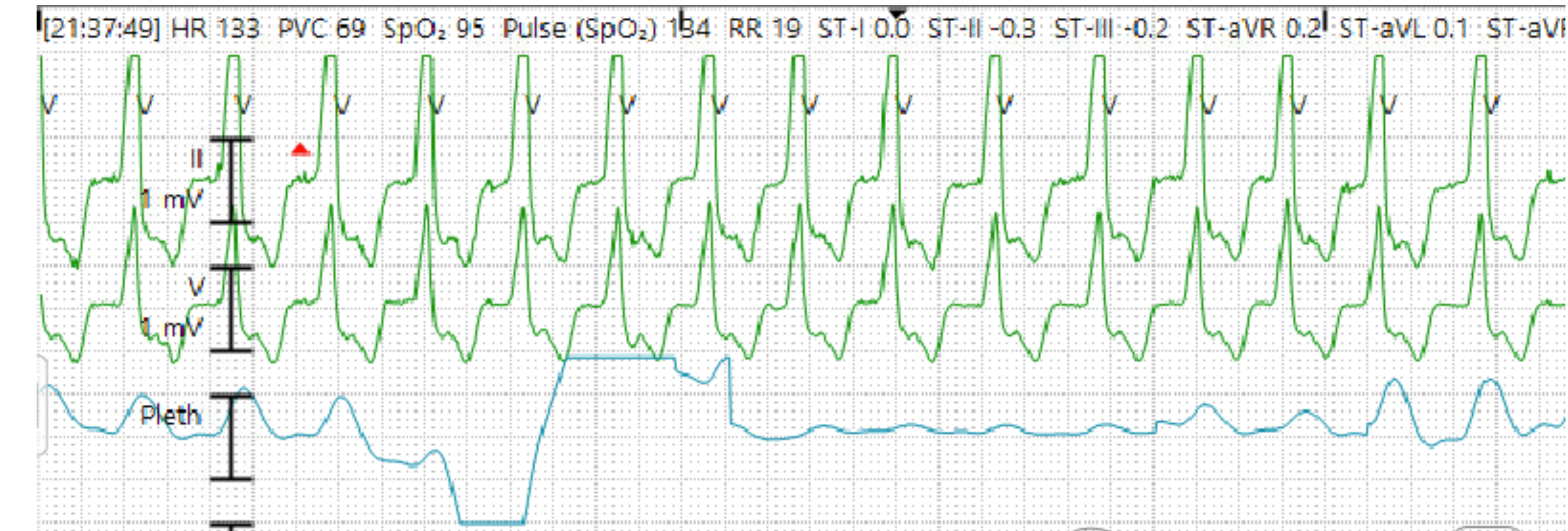


Image 1. Patient's telemetry during labor.

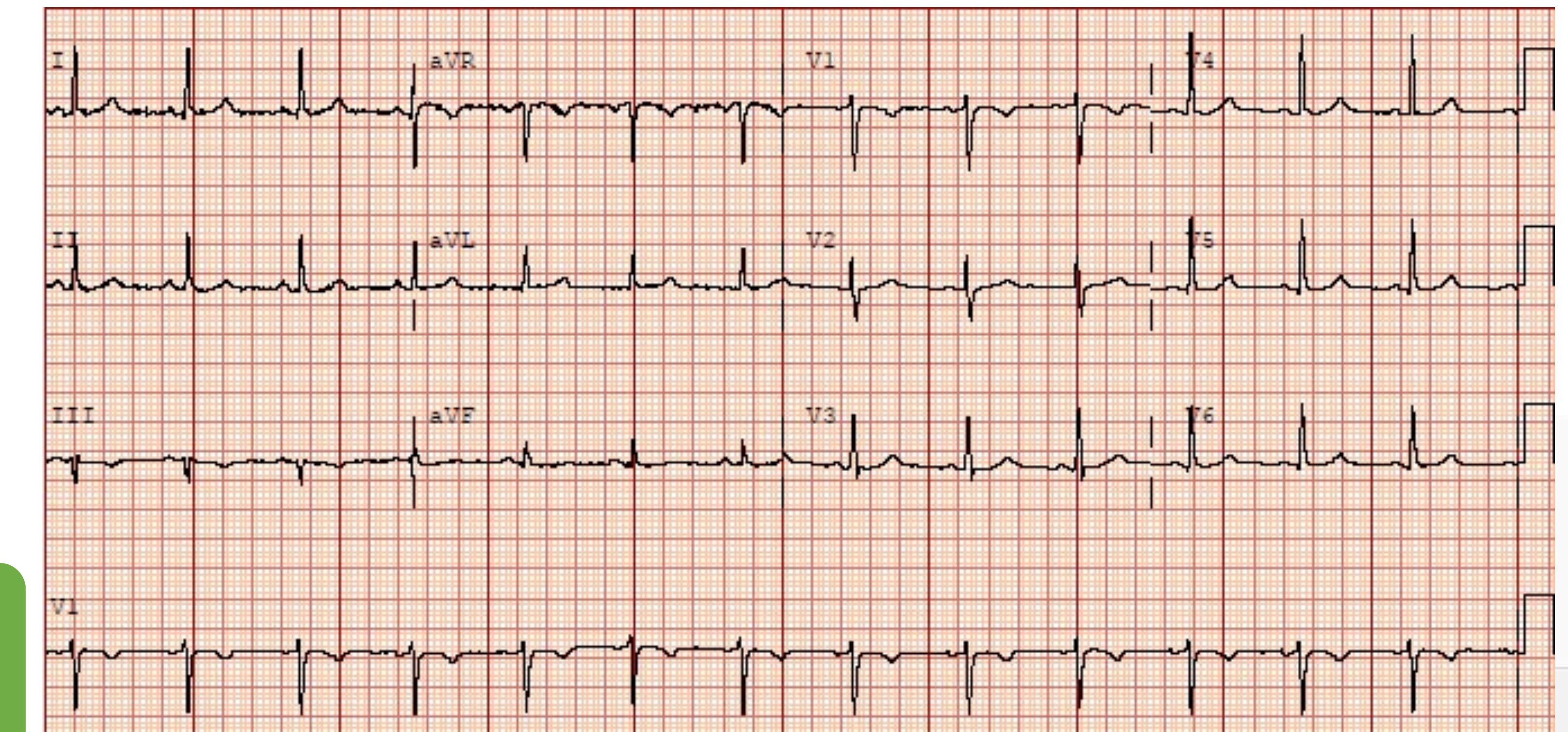


Image 2. Patient's follow-up EKG after Ablation.

Conclusions

Management Strategies

- Early Cardiology consult
- Work-up: CBC, BMP, EKG, TTE
- Started on IV metoprolol with plans for IV adenosine if sustained or symptomatic ventricular tachycardia
- Easy access to code cart outside of patient's Room
- Early epidural
- Close Cardiology follow-up upon discharge

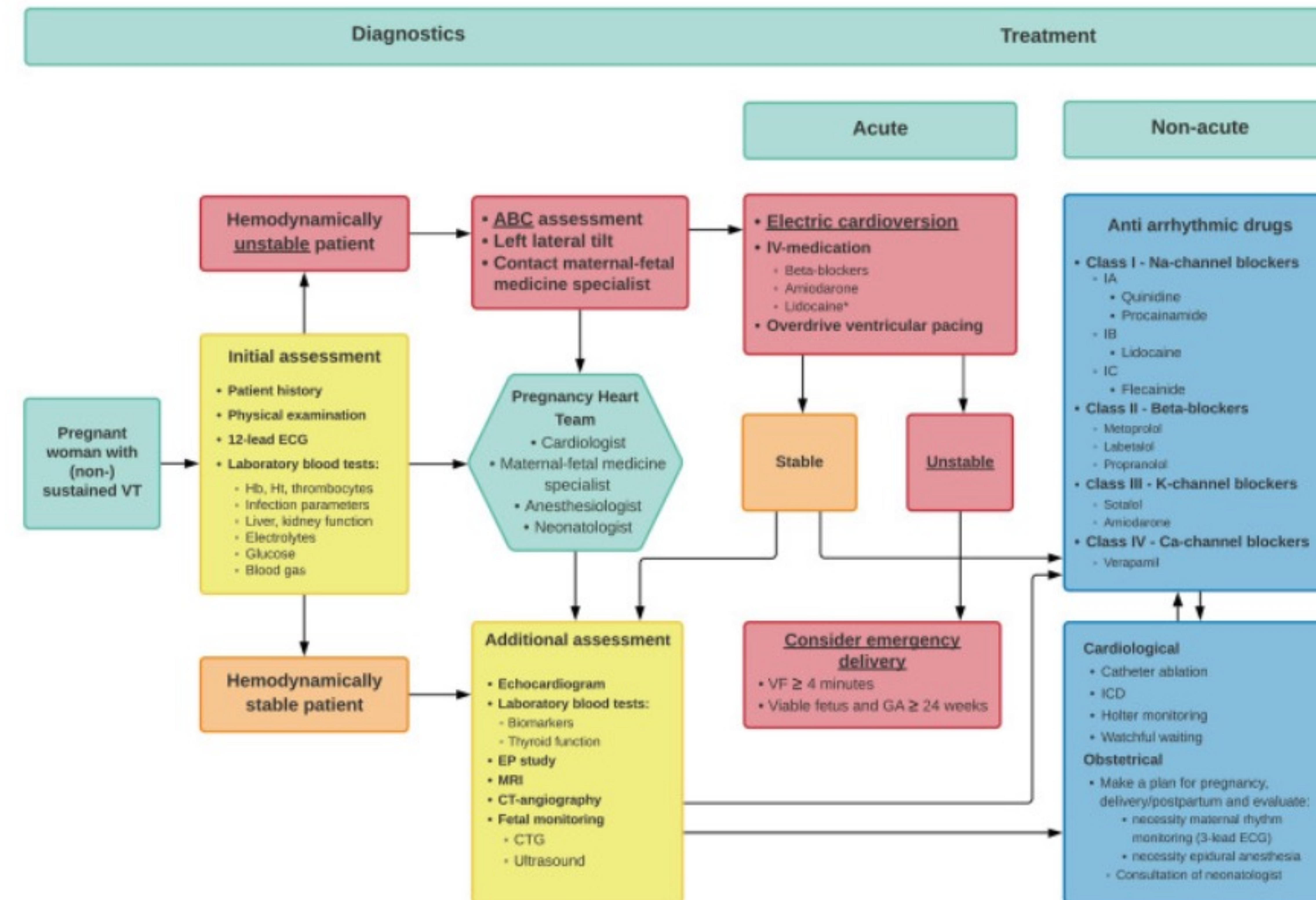


Figure 1. Algorithm of pregnant patients in (non-) sustained ventricular tachycardia. Courtesy of Schenkelaars, Nicole, et al. "Ventricular Tachycardia and Pregnancy." *International Journal of Cardiology Congenital Heart Disease*, vol. 5, Elsevier BV, Nov. 2021, p. 100284.

Early recognition and interdisciplinary collaboration between anesthesiologists, obstetricians, and cardiologists is essential for immediate care plans.