

Repeat Cesarean Delivery in a Patient with an an Acute and Evolving Non-ST Elevation Myocardial Infarction (NSTEMI)

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- 35 yo G2P1 at 17w with history of poorly controlled Type 1 diabetes, pyelonephritis, urosepsis, and recurrent NSTEMIs presented to the ED with heartburn, emesis, and left chest pain radiating to scapula. Labs were notable for blood glucose of 547 and a Troponin of 5757.
- Admitted for diabetic ketoacidosis. Found to have diffuse coronary artery calcifications on CT. Underwent left heart catheterization revealing 3-vessel coronary disease involving the Left Anterior Descending, Left Circumflex, and Right Coronary Artery. Patient medically managed and discharged with close follow-up with multidisciplinary teams.
- Outpatient management by Cardiology, Endocrinology, and MFM. Outpatient cardiac rehabilitation was scheduled during course of pregnancy.

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- Re-presented at 32w4d with 5 days of nausea and vomiting, dyspnea, and tachycardia. Troponins were found to be elevated. Decision to proceed with repeat cesarean section given history of cesarean section and breech presentation.
- STAT echocardiogram show normal function. Decision to proceed to the OR.
- Spinal anesthesia placed using 1.4mL 0.75% Bupivacaine, 15mcg Fentanyl, and 0.1mg Morphine. Phenylephrine infusion was started at 80mcg/min, arterial line was placed, and an insulin infusion was started for elevated blood glucose. Infant was delivered without incident.
- Transferred to ICU with uncomplicated post operative course.

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- After discharge patient had multiple ED visits including a severe hypoglycemic event with unconsciousness and possible seizure at home while breast-feeding.
- She continued to follow with Cardiology, Cardiac Rehabilitation, and Endocrinology for management of her multiple co-morbidities.
- Ongoing discussion of proceeding with a coronary bypass given her 3 vessel coronary artery disease.
- This complicated case demonstrates the importance of multidisciplinary collaboration in the management of medically complicated patients to ensure not only safe delivery for both mother and baby, but also their long-term health.