

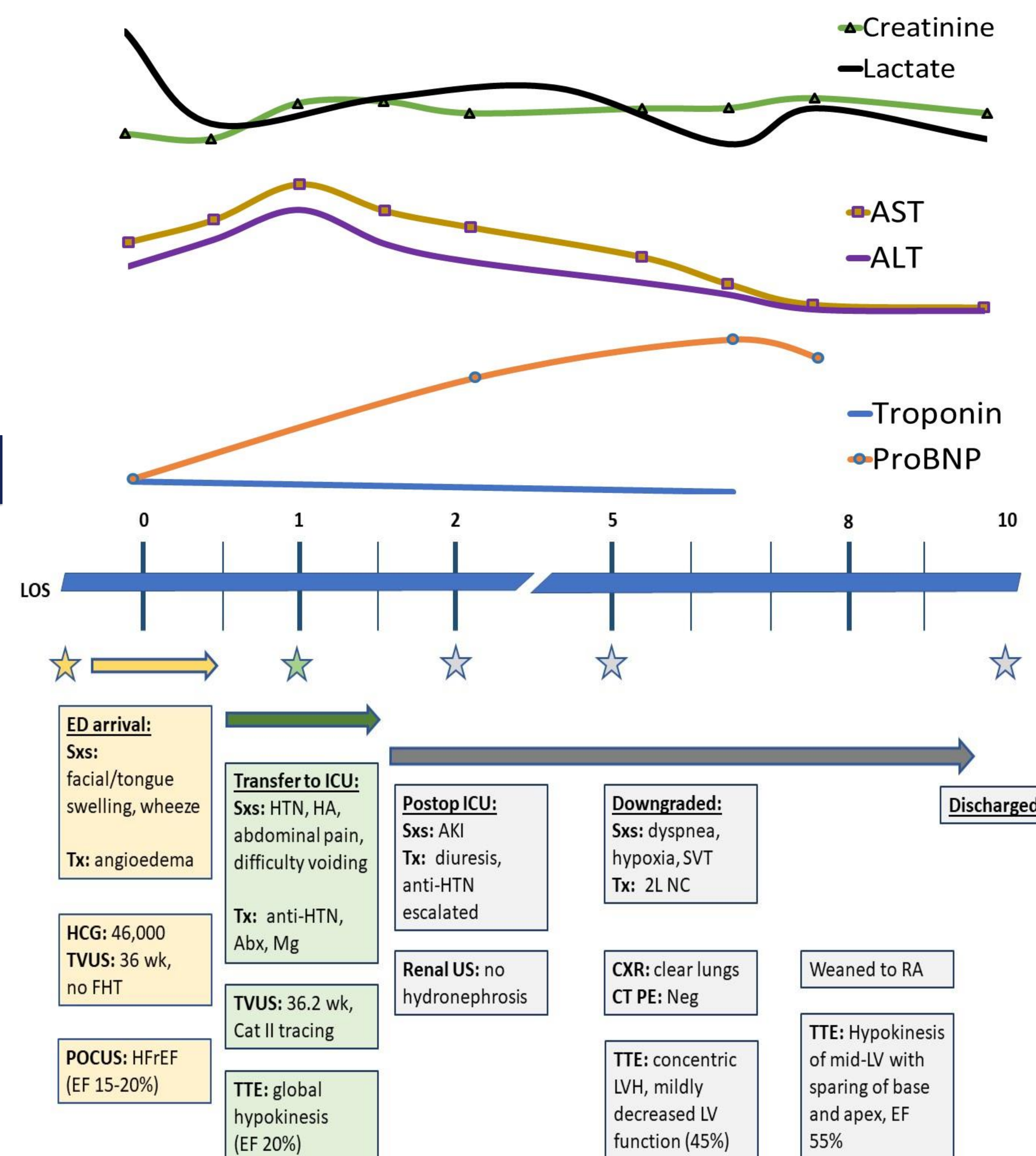
Case Presentation

- 29 yo F, G1P0 with class III obesity (BMI 45)
- Inciting event: Over-the-counter DayQuil and Diphenhydramine
- Signs & Symptoms: facial/orbital swelling, wheeze, hypertension, tachycardia
- Significant Laboratory Results: leukocytosis, lactic acidosis, transaminitis, elevated cardiac enzymes
- Transvaginal ultrasound: 36-week pregnancy, no fetal heart tones
- EKG: 1mm ST elevations in I & aVL, ST depressions in II, III, & aVF
- Bedside echo: severely reduced left ventricle function of 15-20%

Pre-procedure Management

- Obstetrics:
 - Pre-eclampsia and chorioamnionitis management
- Medical Cardiac Intensivist:
 - Formal TTE: Global hypokinesis with regional variability, ejection fraction of 20 +/- 5%, left atrial and right ventricle dilation, mild mitral and tricuspid regurgitation
 - Heart failure (HF) recommendations: Early diuresis and strict hemodynamic management
- Otolaryngologist:
 - Nasal pharyngeal laryngoscopy: patent glottic airway, no laryngeal edema, right > left epistaxis

Significant Events and Laboratory Values



Emergent Cesarean Section

- Anesthetic Plan:
 - Lumbar epidural placement in the intensive care unit
 - Preoperative arterial line and foley
 - Diuresis prior to uterine auto-transfusion
 - Code cart, defibrillator, ultrasound for intraoperative exam
 - Inodilator available in case of hypertensive crisis with new HF
- Intraoperative course:
 - Patient:
 - Coagulopathic resulting in bilateral radial artery clots
 - Appropriate uterine tone with oxytocin and uterine massage
 - Baby:
 - Poor APGARs requiring intubation and prolonged ICU care

Differential Diagnosis

- Type I Kounis Syndrome: angioedema with cardiomyopathy
- Preeclampsia-induced Cardiomyopathy: diastolic dysfunction
- Peripartum Cardiomyopathy: systolic dysfunction typically in a patient less than 30 with hypertension and/or preeclampsia

References

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