

Amniotic Fluid Embolism: An Atypical Presentation

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What is an amniotic fluid embolism?

AKA “Anaphylactoid Syndrome of Pregnancy”

- Triad of progressive hypotension, hypoxia & coagulopathy

Pathophysiology *poorly understood*

AFE is an *exceeding rare* disease

AFE is a *catastrophic* disease

- Maternal mortality rate 20-40%
- 85% of survivors suffering significant neurological injury

***No identifying risk factors* described**

Meet Our Patient

32yo G1P0 @ 30 weeks GA

PMHx - obesity, cHTN, large uterine fibroids

OBHx – poor follow-up, fetal anomalies, anhydramnios

ARRIVAL TO OB ED

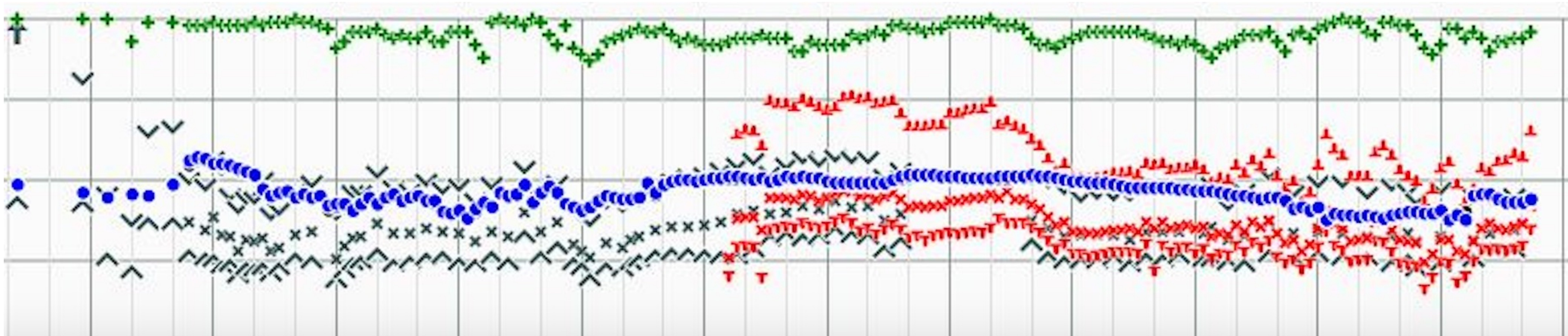
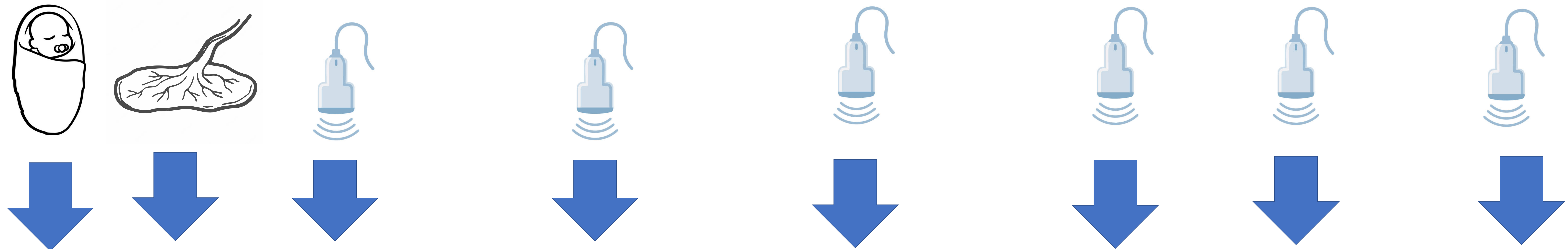
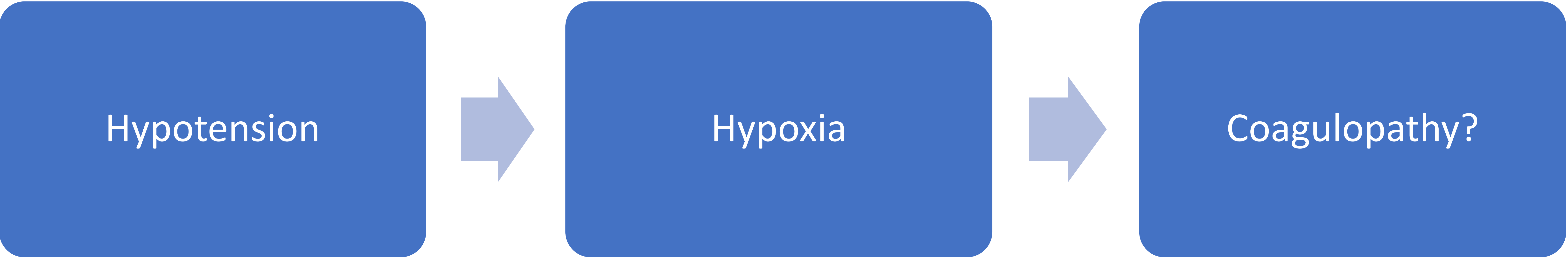
CC: HA, CP, HTN (170s/100s), blurry vision

Terminal bradycardia in OB ED

Emergent Cesarean Delivery



INTRAOPERATIVE COURSE



SaO2
HR
BP
Art

What Did We Learn?

What the textbook says...

AFE typically presents with...**stepwise, linear cardiopulmonary failure**

- 90% of cases abrupt, catastrophic and rapidly progressive
- Majority of cases present during labor and delivery or within 30 minutes postpartum
- Coagulopathy typically presents shortly after cardiopulmonary failure (DIC within 30 minutes)

Atypical presentations of AFE do occur and require early recognition for proper diagnosis and treatment

vs

What happened to our patient...

Our patient presented with **fluctuating cardiopulmonary failure, delayed coagulopathy**, and potentially masked seizure activity

- Hypoxia and hypotension developed and resolved in cyclical manner
- Coagulopathy presented > 4-5 hours after initial presentation of hypoxia/hypotension
- Coagulopathy/DIC presented > 4-5 hours after initial symptoms