

A double diagnosis: aortic dissection and pregnancy

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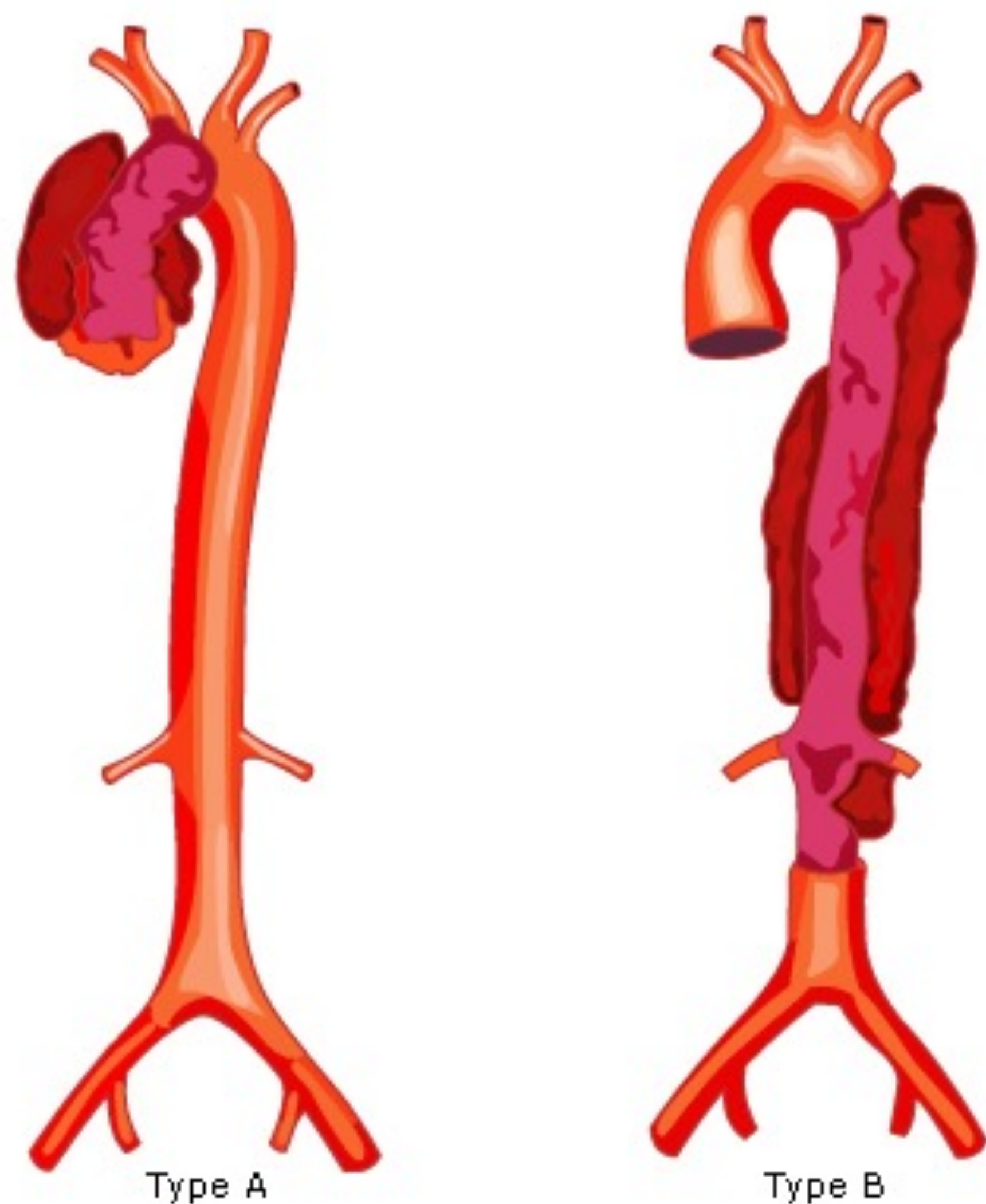
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Introduction

- Aortic dissections occur in 0.0004% of all pregnancies¹
- Up to one-fourth of these cases result in maternal mortality¹

Risk factors for aortic dissection in pregnancy:

- Hyperdynamic circulatory state
- Estrogen-induced weakening of the aortic media²
- Connective tissue disease



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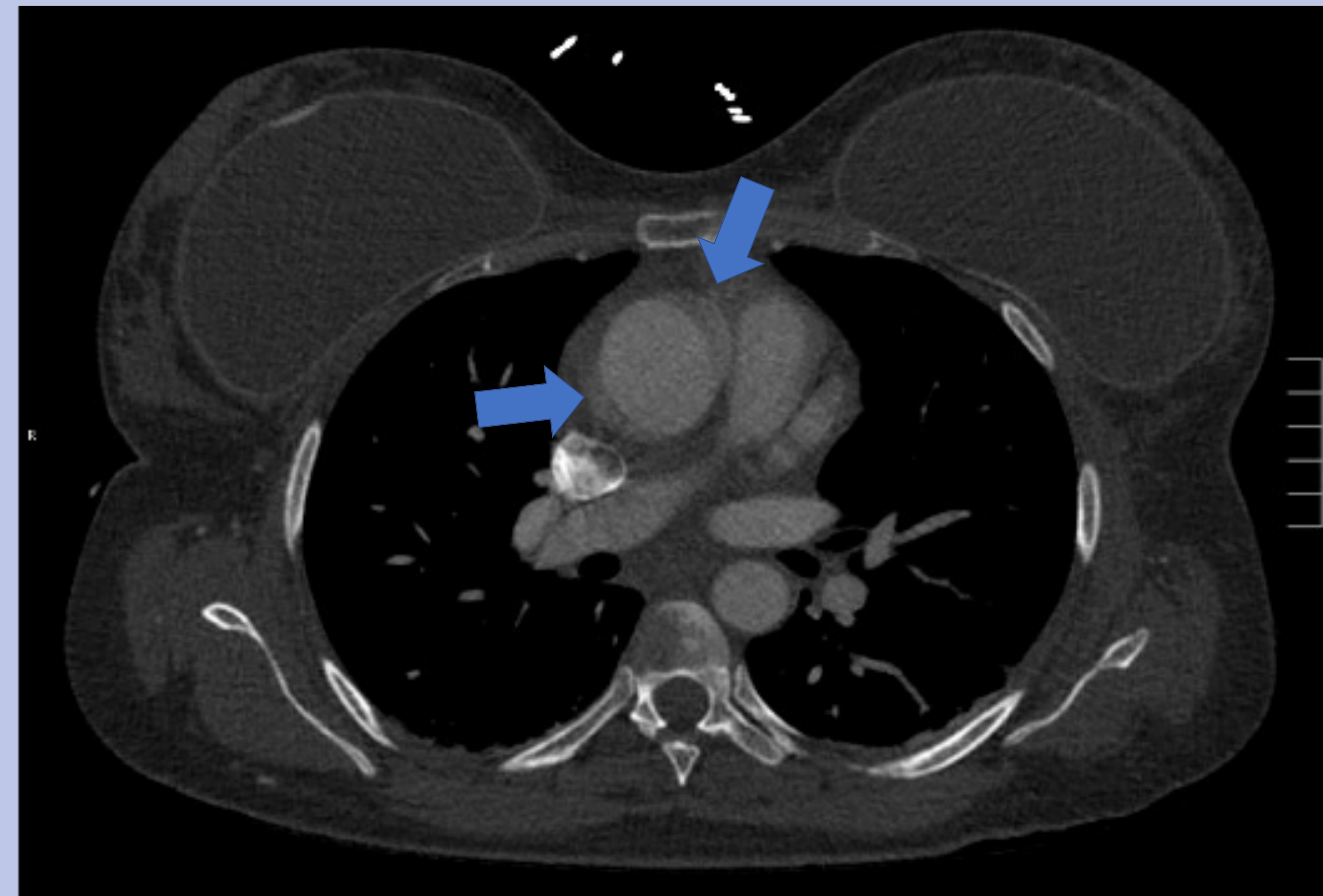


Figure 1. DeBakey Type II Aortic Dissection

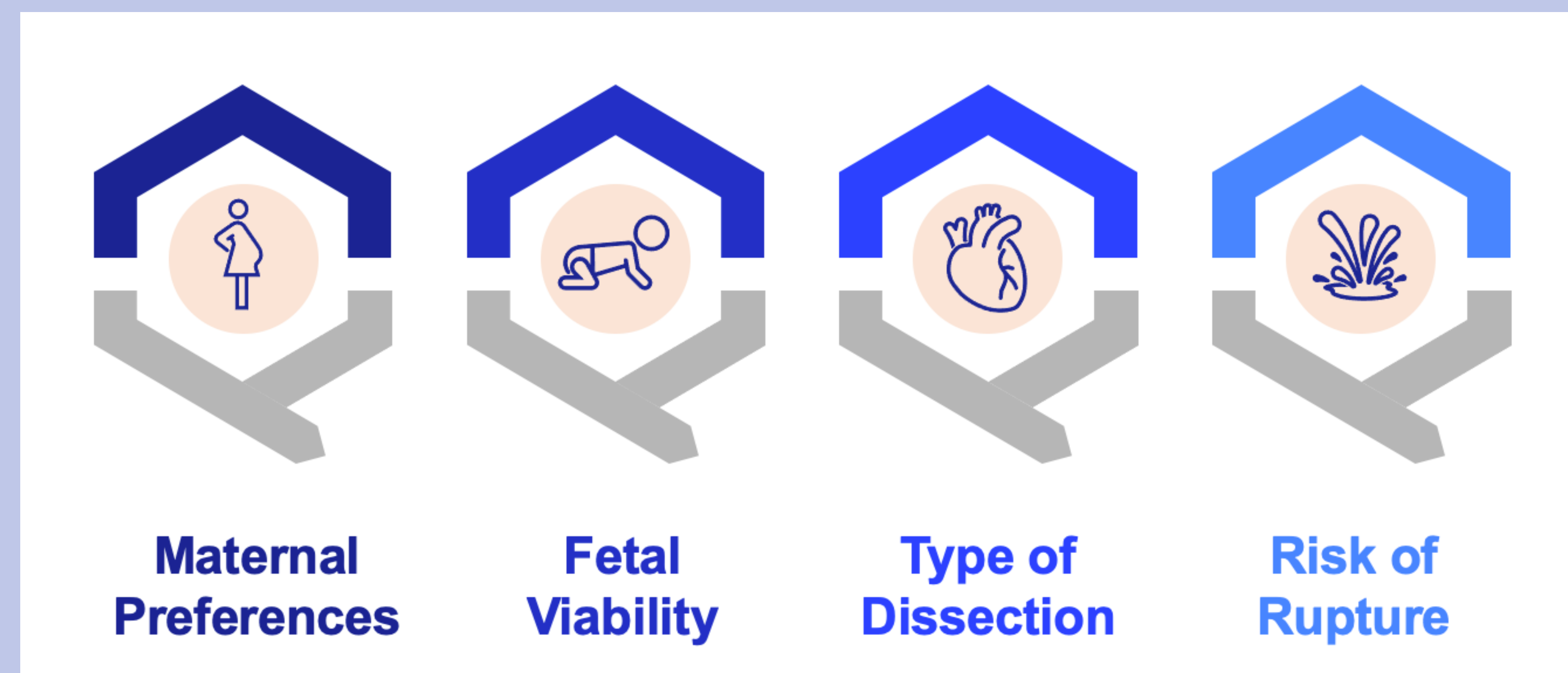


Figure 2. Considerations for Timing of Delivery and Repair³

Case Presentation

- A 36-year-old G3P1011 with ADHD (on Adderall 30mg) presented to the ED with sudden-onset chest pain.
- CT revealed an ascending aortic dissection and a previously undiagnosed 28-week IUP.
- TTE demonstrated normal biventricular function without valvular abnormalities.
- Repeat CT on day 4 of admission showed no interval changes.
- Fetal heart tracings showed multiple one-to-two-minute decelerations daily.
- The patient emphasized the pregnancy was unintended and the baby would be placed for adoption. Initially, she refused fetal evaluation and treatments such as continuous electronic fetal monitoring and steroids for fetal lung maturity
- On hospital day 6, CD was performed under general anesthesia secondary to a non-reassuring fetal heart tracing.
- She was given narcotics prior to induction and received a clevidipine infusion intraoperatively.
- Ascending aortic and transverse hemiarch replacement was completed 72 hours later. Both mother and baby are doing well.

