Triple (Threat) Therapy: Acute Exacerbation of Pulmonary Hypertension During Cesarean Delivery

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Background

- **Pulmonary Hypertension (PH)** is defined by a mean pulmonary arterial pressure (mPAP) > 20mmHg or pulmonary vascular resistance (PVR) > 2 woods units (WU).[2]
- PH in pregnancy is associated with an **increased mortality risk** for both the mother and the fetus.[4]
- We report a successful repeat cesarean delivery in a parturient with idiopathic PH whose intraoperative course was complicated by an acute exacerbation of PH requiring the use of inhaled nitric oxide

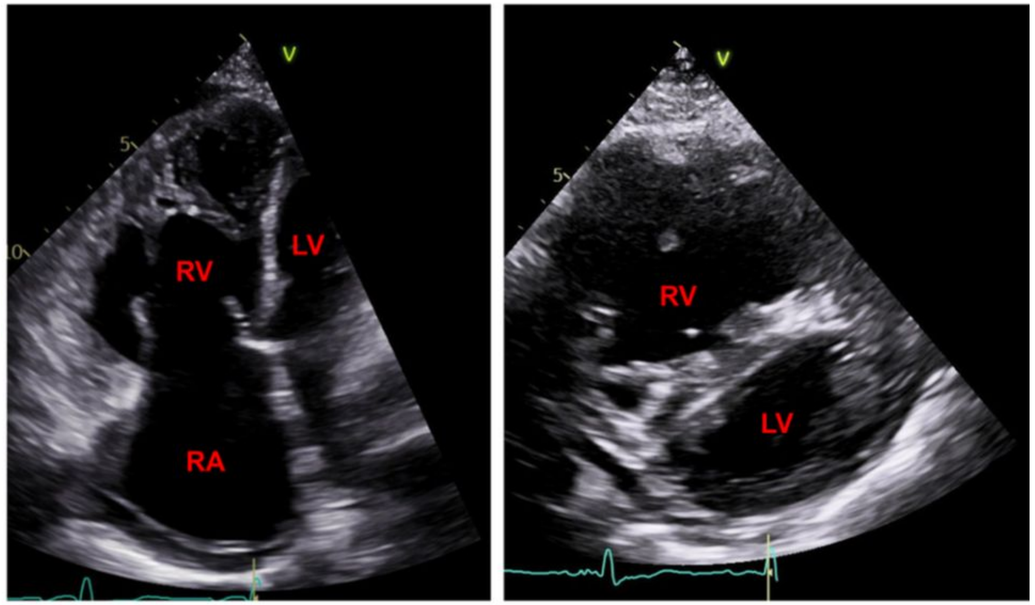
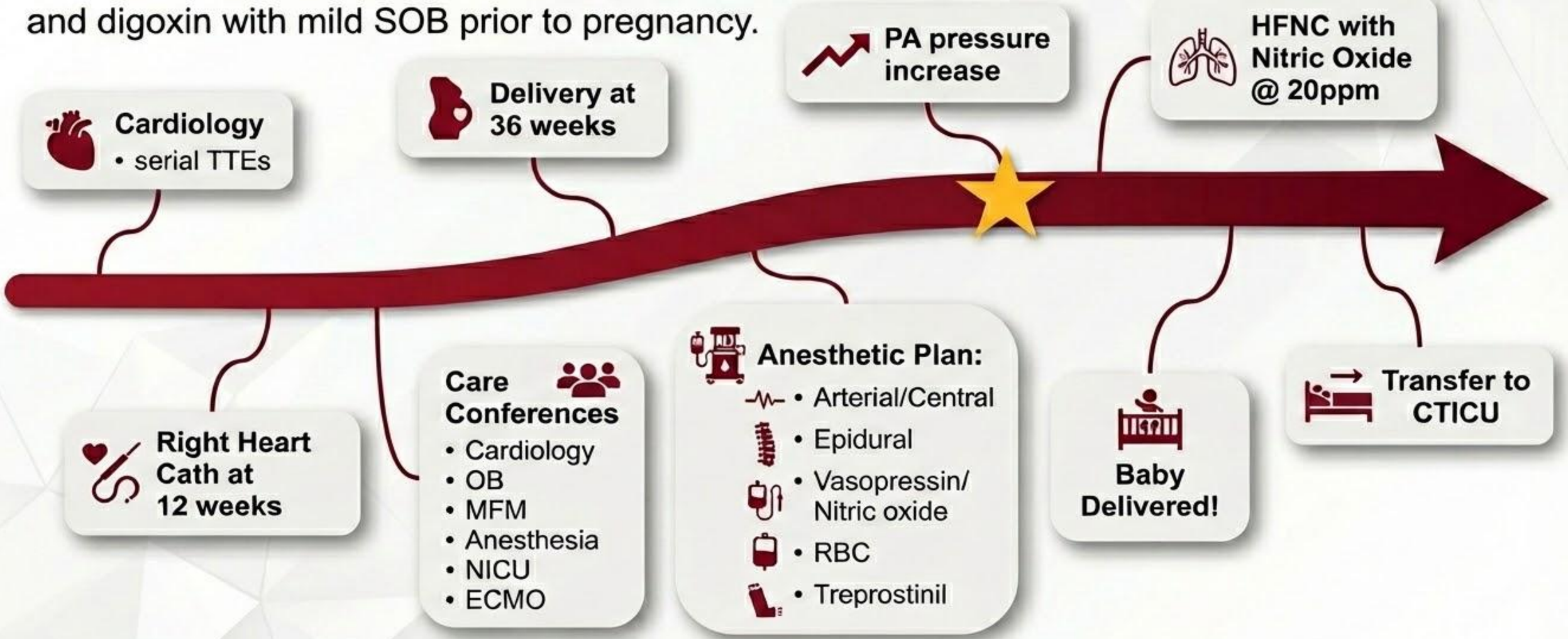


Figure 1. Transthoracic echocardiography demonstrating a dilated right ventricle (RV), right atrium (RA) and flattening of the interventricular septum, as seen in PH

Case Presentation

29 year old G2P0101 with hx of idiopathic PH on tadalafil, treprostinil, and digoxin with mild SOB prior to pregnancy.



Discussion

- Pregnancy is not generally recommended among women with PH due to the considerable maternal mortality rates quoted as high as 56%.[1]
- PH results in reduced compliance leading to the inability to adapt to increased pulmonary blood flow during pregnancy and ultimately results in **RV dysfunction**.[1]
- Women who become pregnant with PH are encouraged to **establish care at a tertiary center with multidisciplinary collaboration**.[3]