Peripartum Decompensation in a Patient with History of Septal Myectomy for Hypertrophic Obstructive Cardiomyopathy

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HOCM

- Most common inherited cardiac disorder
- Dynamic LVOT obstruction worsened by hemodynamic changes
- Diastolic dysfunction persists despite septal myectomy

Pregnancy Challenges

- Decreased preload → worsens LVOT obstruction
- Decreased afterload → worsens LVOT obstruction
- Diastolic dysfunction → inability to accommodate volume expansion → pulmonary congestion
- Tachycardia → reduced diastolic filling time → worsens symptoms

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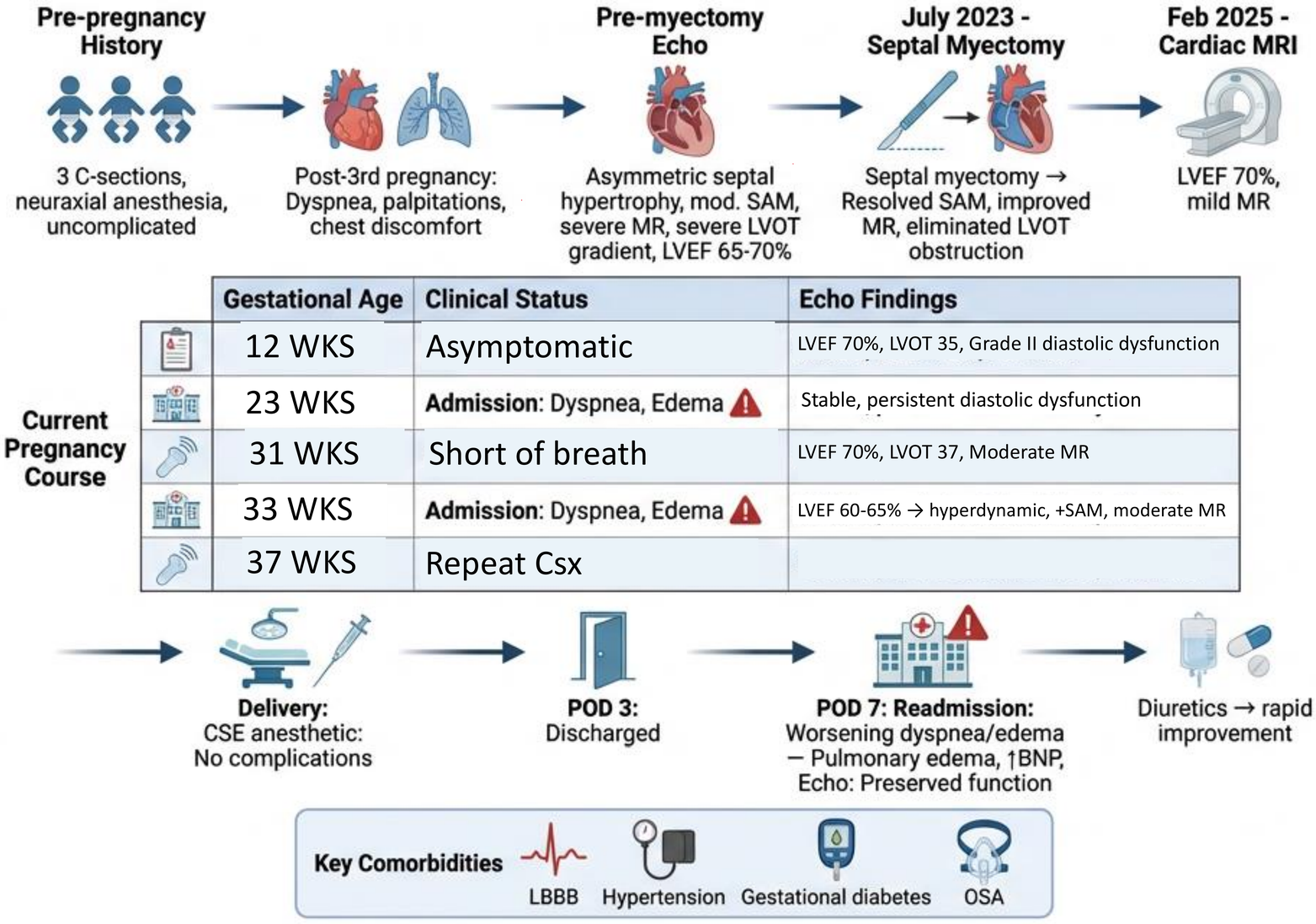
Case Presentation: 39-year-old G5P3 with HOCM s/p Septal Myectomy



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Take-Home Points

1 

Septal myectomy ≠ elimination of pregnancy risk

- Obstruction relieved but diastolic dysfunction & hypertrophy remain.

2 

Diastolic dysfunction → decompensation

- LV cannot handle increased blood volume in pregnancy/postpartum.

3 

Anesth. management requires tight hemodynamic control

- CSE preferred; vasopressors, minimize fluids, arterial line.

4 

Multidisciplinary team-based care is critical

- Serial echos, postpartum vigilance, close cardio-ob team coordination.

5 

Future pregnancy: Very high risk

- Repeated admissions = high future risk; contraception counseling.

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