ANESTHETIC MANAGEMENT FOR EMERGENT CESAREAN DELIVERY IN THE SETTING OF ACUTE INFECTIVE ENDOCARDITIS AND A RIGHT ATRIAL MASS

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EPIDEMIOLOGY

Infective endocarditis (IE) in pregnancy is rare (1:100,000) but carries a maternal mortality rate of up to 33% and fetal mortality of 29%.

PATHOPHYSIOLOGY

Pregnancy-induced hypervolemia and hypercoagulability can exacerbate cardiac strain and increase the risk of systemic or pulmonary embolization from intracardiac masses

MICROBIOLOGY

While S. aureus is most common, Streptococcus oralis and Serratia marcescens (often associated with indwelling catheters) are aggressive pathogens that require prompt antibiotic and surgical consideration

CHALLENGE

Balancing the timing of delivery against the risks of maternal hemodynamic collapse, sepsis, and the anticoagulation requirements for cardiac intervention

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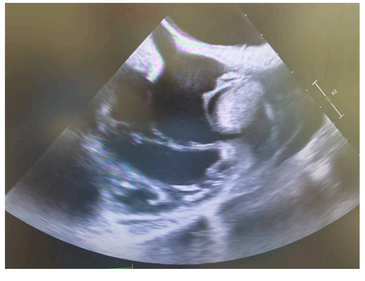
PRESENTATION

35yo. G2P0101.
32 weeks
History of prior tricuspid valve IE
Hyperemesis requiring TPN
Fever + dyspnea

DIAGNOSIS



S. marcescens, S. oralis bacteremia
TTE: 2.7 cm mobile RA mass attached to an indwelling catheter
Pulmonary Hypertension

CLINICAL COURSE

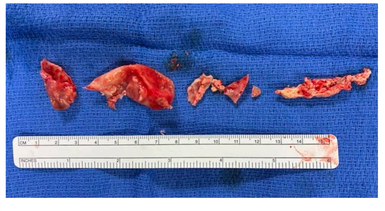
Sepsis-related deterioration
Category II FHR
Emergent CD
Therapeutic Anticoagulation

ANESTHETIC MANAGEMENT

General Anesthesia
Continuous intraoperative TEE
CT Surgery on standby in-room for potential ECMO initiation

Uncomplicated CD
AngioVAC thrombectomy deferred 5 days - to reduce PPH risk

OUTCOME



SOAP Society for Obstetric Anesthesia and Perinatology

2026 ANNUAL MEETING

ANESTHETIC MANAGEMENT FOR EMERGENT CESAREAN DELIVERY IN THE SETTING OF ACUTE INFECTIVE ENDOCARDITIS AND A RIGHT ATRIAL MASS

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MULTIDISCIPLINARY "PREGNANCY HEART TEAM"

Essential collaboration between OB Anesthesiology, MFM, CT Surgery, Cardiology, ID and ICU to optimize timing and location of care.

SURGICAL TIMING

Postponing definitive cardiac procedures (like AngioVAC or valve replacement) for several days postpartum can mitigate the high risk of hemorrhage

ROLE OF ADVANCED IMAGING

Intraoperative TEE is a critical, non-standard monitor that provides real-time data on mass stability and volume status during high-stakes deliveries

CONCLUSION

Rapid interdisciplinary coordination and advanced perioperative monitoring are the cornerstones of managing complex intracardiac masses in the parturient

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