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Peripartum cardiomyopathy and its relationship with preeclampsia

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auses of Maternal Mortality Rate (MMR) in Indonesia were having changes of trend. In the last three years, cardiac disease has become the second most cause of MMR after preeclampsia in our tertiary hospital. Peripartum Cardiomyopathy (PPCM) is one of cardiac disease that emerges in the last month of pregnancy or within five months of delivery in healthy women, without previous identifiable heart disease. The etiology remains unknown, but preeclampsia has been described to be a potential risk factor in the pathogenesis of the disease. Although there has been no study concerning the incidence of PPCM in Indonesia, it is well known that preeclampsia is still becoming a major issue of MMR in Indonesia. Location of study was at Dr Soetomo Hospital Surabaya, Indonesia. Data was obtained from medical record of 2843 patients within 2014-2015, divided into two groups, 19 patients with PPCM in a case group, and 2824 patients in control group. Peripartum cardiomyopathy patients had a mean age 32.21±6.83 years, whereas the mean age of control group was 29.26±6.45 (p=0.04). The incidence of PPCM in our study was quite high, about 1 per 166 live births. It was estimated that 52.63% cases were diagnosed antepartum, whereas 47.37% cases were diagnosed postpartum, with the mean ejection fraction 36.63±7.23%. It was a surprising result revealed, estimated 84.2% PPCM cases were also complicating with preeclampsia, and showing a significant difference between these two groups (p<0.05). Earlier onset of preeclampsia in our study described an earlier onset of PPCM as well, and about 81.8% babies born from PPCM mother were growth restriction babies. The mortality rate of the mother during hospitalization in our study is 15.7%. Although diagnosis of PPCM is still an exclusion diagnosis, we have to pay more attention to pregnant women complicating with preeclampsia, since preeclampsia can increase the risk of PPCM.

Biography

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