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Pregnancy outcomes in rheumatic heart disease

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Pregnant women with acquired heart disease could lead to fatal outcome if not properly managed. Rheumatic fever is a secondary to rheumatic heart disease that cause defect at heart valves and the most common is mitral stenosis. In first trimester of pregnancy, the cardiac output is increasing at about 50% due to hormonal change that has effect to vascular and elevated plasma in blood. These changes will directly alter to mother condition with valve defect and require prompt management. A comprehensive multidisciplinary approach is also needed in managing morbidity and mortality of RHD in pregnancy. A retrospective analysis study of pregnancies with RHD was conducted from January until December 2015 at RSUD Dr. Soetomo Surabaya, Indonesia. We have collected 1289 medical records. Total 21 (3.2%) cases were patients with acquired heart disease. 17 (81%) cases were patients with prime gravida. More than half cases found were preterm pregnancy. Multiple valve disease which involved the mitral stenosis and other valves were the usual finding in these cases. Complications such as pulmonary hypertension, lung edema, heart failure usually found in our cases. Cesarean section was the preferred mode of delivery from all patients. Two patients died after delivering their baby (10%). We also did PTMC in two (9.5%) patients during pregnancy. Pregnancy with RHD has a great link and contribution to the increment of maternal morbidity and mortality.

Biography

Dibya Arfianda is a Resident of Obstetrics and Gynecology at Airlangga University, Indonesia.

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