

4th International Conference on Clinical & Experimental Cardiology

April 14-16, 2014 Hilton San Antonio Airport, TX, USA

The risk of coarctation of the aorta in pregnancy original case report

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Objectives: The main reason for the presentation of this clinical case was to attract attention to the dangerous possible risks of coarctation of the aorta in pregnancy because it was not diagnosed early in the patient and not presented for consultation as the patient was asymptomatic before pregnancy.

Material and Methods: I present the clinical case of a young woman patient aged 26, who was six months pregnant and came for a consultation because she felt a headache, dizziness, and noises in the both ears. The value of the blood pressure was very increased BP=230/130mmHg. At the objective examination there was no detection of focal neurological signs. Heart sounds were rhythmic, rate heart=82 beats/min without extra sounds but with a proto mezzo systolic murmur heard in the aortic area grade III, without irradiation and the same a proto systolic murmur heard in the mitral area, grade II, without irradiation. Because the patient was pregnant these two murmurs heart with this characteristic was very difficult to interpret because in the context of pregnancy it is possible to exist innocent murmurs if heard does not necessarily suggest an organic lesion of the heart or a valve disease. The EKG shows sinus rhythm, rate heart=82 beats/min, unexpected left axis deviation and also left ventricular hypertrophy. The echocardiography showed left ventricular hypertrophy and an unknown coarctation of the aorta was discovered. The rest of the laboratory tests were within the normal range.

Results: The undiagnosed congenital heart disease in very early postpartum is very dangerous in pregnancy first because they are more difficult to diagnose in this condition because in pregnancy there exists an innocent heart murmur in this context and a congenital heart disease which develops an organic murmur heart it is possible to confuse them. Of course innocent heart murmurs have a few special characteristics such as: low grades, no irradiation, appears at many foci and disappeared with the cause which produces it, but the differential diagnosis with an organic murmur heart remains difficult in pregnancy except the heart murmur with a very increase degree V or VI. The second risk is the complications which are possible to appear in the pregnancy with the mother and the baby in context of an unknown congenital heart disease. The high blood pressure was secondary in the context of coarctation of the aorta aggravated in pregnancy and was also possible to be interpreted only in context of pregnancy. I want to mention that the patient was asymptomatic before pregnancy and was not presented at the consultation for this reason.

Biography

Manuela Stoicescu was an Assistant Researcher of University of Cluj-Napoca. She completed her Ph.D. in Internal medicine and now she is a Consultant Internal Medicine Physician, Assistant Professor at University of Oradea, Romania. She also works at Emergency Hospital Internal Medicine Department. She has published two books, one monograph and papers in reputed journals. The topic of the monograph is: "High blood pressure in the young- an ignored problem?!" and the topic of the books is: Clinical cases for students of the faculty of medicine in English and Romanian language. She was invited as a speaker at many national and International Conferences. She is a Member of Romanian Society of Internal Medicine, Cardiology, Medical Chemistry, Biochemistry and Balkan Society of Medicine. And she is an Editorial Board Member for Journal of Developing drugs-OMICS Group.

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