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Obstetric emergency: ARDS and respiratory failure in a case of severe Preeclampsia

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Introduction: Respiratory complications are seen in 2-3% cases of pregnancy induced hypertension.

Case report: MRS. x of age 23 years primi with 33 weeks & 2 days gestational age came with complaints of shortness of breath & high blood pressure recordings.

On Examination: pulse rate-98/min,BP-160/110 mm of Hg, respiratory rate-36/min,o2 saturation with 6litres of oxygen/minute -68%.cvs-s1,s2 heard ,no added sounds, lungs-bilateral basal crepitations are present .P/A-uterus of 32weeks gestational age ,relaxed ,fetal heart rate-absent.

Chest x-ray-bilateral basal infiltrates seen .ECG-normal. Inj. frusemide 40mg stat given .Later there is deterioration in patient's condition with 0xygen saturation falling to 30%.

Provisional Diagnosis: ARDS with respiratory failure Patient shifted to intensive care unit and intubated and connected to ventilator and stabilized. Broad spectrum intravenous antibiotics were given. Labour induced with Foleys traction and tablet. misoprostol $50ug\ 3doses\ 4th\ hourly\ .patient\ weaned\ off\ from\ ventilator\ on\ 8th\ day\ \&discharged\ on\ 24^{th}\ day.$

Conclusion: Hypertensive disorders in pregnancy and its complications contribute significantly to perinatal mortality and maternal morbidity and mortality. A multi-disciplinary action needing obstetrician, anesthesiologist, physicians & neonatologist are required for effective management.

Biography

Krupa. V completed her M.B.B.S from Osmania University and is pursuing her post graduation in Mamata Medical College, Khammam. She presented papers in the State and national conferences.

Development: She has passed ICSE and AISSCE. Currently she is doing her III year MBBS course under Dr MGR University.

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