

# International Conference on Pediatrics & Gynecology

## Mitral stenosis in pregnancy- Management options

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Mitral valve stenosis is a state of relatively of fixed cardiac output. Normal mitral valve area is 4 to 5cmsq. Symptoms with exercise seen with valve area of less than 2.5cmsq. Symptoms at rest are expected at area of 1.5 or less. Severe stenosis is area less than 1cmsq.

**Prepregnancy:** Goal is to define the severity of disease. 2D echo and color doppler are method used. Allows noninvasive evaluation and decrease need for cardiac catheterization.

**Prenatal:** Aim is to avoid cardiac decompensation. Symptoms of other findings should be reported promptly. Avoid maternal tachycardia, restrict physical activity

**Medical management:** B-Blockers used empirically to prevent the tachycardia. AF can be managed with digoxin or cardioversion. Serial echoes are used to follow cardiac function objectively

**Surgical management:** Surgical commissurotomy is the traditional modality.

Percutaneous mitral valve commissurotomy is preferred alternative. Closed mitral valvotomy is another option

**BMV-Advantages:** Safe, As effective as surgical approach, Less invasive, Less expensive, Preferred as first line in prenatal period.

Indications severe symptomatic mitral stenosis. Refractory pulmonary oedema despite medical management

**Factors to be evaluated Echocardiographically:**

Valvular rigidity, valvular calcification, valvular thickening, amount of subvalvular disease, four factors are evaluated from 0 to 4 depending on severity.

**Contraindications**

**Absolute:** Evidence of left atrial thrombus, Severe dilation of aortic root, Thorolumbar scoliosis

Rotational abnormalities of heart, Thickening of atrial septum >4mm. Recent thromboembolic event, Left ventricular thrombus, Relative Severe mitral valve calcification, Severe subvalvular fibrosis

Best time to perform Before pregnancy, During 2<sup>nd</sup> trimester, After attaining the period of viability

Complications Mitral regurgitation. Complications associated with trans septal puncture.

Uncomplicated procedure. Yielding MVA of 1.5cmsq or more. Or 40% increase in MVA. Immediate post op MR grade less than 3+

## Biography

I have done my MBBS, Post graduation in obstetrics and gynaecology from Maharishi Dayanand University and am presently working as a consultant in PGIMER, Chandigarh. Looking after cardio obstetric clinic is my area of interest. I have more than 30 publications in national and international journals, Life member of many societies.