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Peripartum cardiomyopathy: A case report

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Background: Peripartum cardiomyopathy is an unusual form of dilated cardiomyopathy with unknown etiology, that can be fatal in young women but with prompt diagnosis and intensive supportive measures can successfully be treated with good long term prognosis in 90% cases. We report a previously asymptomatic women with no risk factor presented with pulmonary odema on day three of cesarean section who is now under periodic ECHO follow up to assess the recovery in cardiac function.

Case Report: 28 years old primigravida married for two years, GDM on meal plan underwent cesarean section at 40 weeks for fetal distress. Intrapartum and initial postpartum period were uneventful. On third postoperative day, patient developed acute breathlessness with bilateral extensive basal crepts. ECHO picture suggested peripartum cardiomyopathy. Patient shifted to ICU and treated with respiratory support, inotropes, diuretics and other supportive measures. Patient was symptomatically better on fifth postoperative day and discharged at request on fourteenth postoperative day explaining the need for regular follow up and the high risk of recurrence of peripartum cardiomyopathy in subsequent pregnancies.

Discussion: Though peripartum cardiomyopathy is relatively a rare disease (0.1% of pregnancies) it can lead to devastating consequences with overall morbidity mortality rates as high as 5 to 32%.The diagnosis of peripartum cardiomyopathy is challenging since most women in last month of normal pregnancy or soon after delivery experience dyspnoae, fatigue and pedal odema,(as in our case). Hence the treating physician should have high index of suspicion and consider it when managing dyspneic patients to expedite medical treatment for this potentially lethal condition.

Biography

M Kaavya is in her second year Post-graduation in Obstetrics & Gynecology in Sree Balaji Medical College, Chennai, India. She has presented a paper in IMSACON 2014 (International Conference) held in Bangkok, (Thailand). Her paper focused on "Previous uterine scar on present placental location".

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