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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 5 cmsq. Symptoms with exercise seen with valve area of less than 2.5 cmsq. Symptoms at rest are expected at area of 1.5 or less. Severe stenosis is area less than 1 cmsq.

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 2nd trimester, After attaining the period of viability

Complications Mitral regurgitation. Complications associated with trans septal puncture.

Uncomplicated procedure. Yielding MVA of 1.5 cmsq 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.