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Topic: PERIPARTUM CARDIOMYOPATHY.

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INTRODUCTION

Peripartum cardiomyopathy is a potentially life-threatening condition defined as HF with reduced left ventricular ejection fraction (LVEF) <45%, without any other cause of HF, that occurs mainly during last month or 5 months following delivery, termination, or miscarriage. Peripartum cardiomyopathy is essentially a diagnosis of exclusion and requires urgent management

Worldwide Incidence r 1:1000 to 1:4000 pregnancy High in Nigeria and Haiti 1:100 to 1;300 Indian incidence 1 in 1340 livebirths

AIMS / OBJECTIVES

To highlight that PPCM can present abruptly during labour or caesarean delivery, even without prior cardiac symptoms.To identify the red flags signs and symptoms.To emphasise the role of bedside echocardiography and lung ultrasound in rapid diagnosis To stress early multidisciplinary approach.

MATERIALS / METHODS

STUDY DESIGN; case report

PRESENTATION;A 21 yr old primigravida at term presented with obstructed labour, chest discomfort and tachycardia. She developed sudden severe hypotension and breathlessness during emergency LSCS and post operative was shifted to the ICU for ventilatory, inotropic and diuretic support ivo refractory shock

INVESTIGATION; CXR, echocardiography and lung USG were performed, CK-MB, platelets

ECG: sinus tachycardia
CXR: pulmonary oedema
Platelets 90,000?mm3

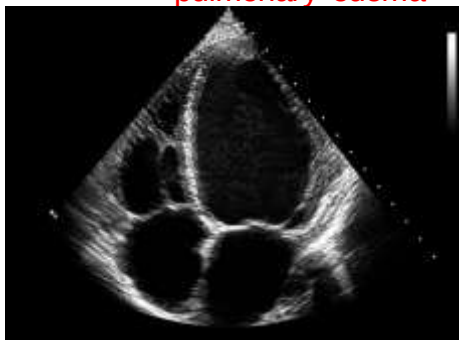
Echo: dilated LV, severe global systolic dysfunction, EF 35%; no primary RV pressure overload (against PE)
Lung USG: diffuse B-lines
CK-MB markedly elevated(203.1U/L
Confirmation:Echocardiography

The case details supporting this include sinus tachycardia, pulmonary oedema,

RESULTS



Chest x ray showing bilateral perihilar opacities features suggestive of acute pulmonary edema



POCUS done bedside showed reduced LVEF of 35% and dilated left ventricle ,Hypocontractility present .

Outcome: maternal refractory cardiogenic shock and maternal death

•**neonatal**;Healthy male baby of 2.715gs

DISCUSSION

PPCM is rare and potential form of heart failure in women with no known cardiac disease. Echocardiography showing LV rather than RV dysfunction made PE less likely, .Echocardiography is central to diagnosis; early cardio-obstetric and critical-care involvement is essential in cardiogenic shock. Bromocriptine in addition to optimal HF treatment and prophylactic anticoagulation to improve LV recovery and reduce thromboembolic risk

CONCLUSION

Fulminant PPCM can present as sudden intraoperative cardiogenic shock in women with no known cardiac disease. Severe cases may progress rapidly to maternal death, with reported mortality of about 9% worldwide. High index of suspicion and early echocardiography are key to timely diagnosis

REFERENCE

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