

Atrio-Ventricular Septal Defect in Pregnant Women, How to Deal with it: A Case Study

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Abstract

Introduction: Pregnancy is not always well tolerated in women with congenital heart disease (CHD) such as AVSD predominantly due to pulmonary hypertension (PH). Management of those patients are challenging, especially during third trimester and after delivery care. Decision about time of termination, mode of delivery and anesthetic management are also debatable.

Case presentation: We report two similar cases of pregnant women with AVSD and Severe PH. The first patient was 27 yo, 28-29 weeks pregnant with shortness of breath. She had history of miscarriage once. Based on her TTE she was diagnosed with AVSD partial type (primum ASD) with Severe PH and then treated with Furosemide iv, Beraprost and Sildenafil po. The second patient was 27 yo 30-31 weeks pregnant with shortness of breath and appeared cyanotic. She delivered her first child spontaneously without any symptoms. Based on her TTE she was diagnosed with AVSD transitional type (large primum ASD with small inlet VSD) and Eisenmenger syndrome. She was treated with Furosemide iv and Beraprost po. Those two patients underwent planned C-section under GA, both baby were survived but the patient did not survived several days after the procedure.

Discussion: Management PH associated with CHD in pregnant women is complex, fluid management, PAH-targeted therapies were important, but sometimes also requires inotropic and vasopressor. Mode of delivery pregnant women with PH is also remain debated. Some studies stated planned SC might be a better choice and combination epidural and low-dose spinal anesthesia might be better than GA .

Conclusion: Women with PH should be advised against pregnancy, but if a woman chooses to continue pregnancy, multidisciplinary team approach is crucial to achieve good outcomes.

Keywords: AVSD; pregnancy; pulmonal hypertension; Eisenmenger