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Successful delivery outcome with Eisenmenger syndrome in low resource setting: A rare case report

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Eisenmenger syndrome is very rare in pregnant women with an incidence of about 3%. It is rarely reported, but it is associated with significant morbidity and mortality of both mother and baby. It is well known that pregnancy poses an immense risk and maternal mortality reached 56% and even in recent reports mortality rate remains unacceptably high (25-30%).

A woman, 35 years old, G3P1A1 36-37 weeks of gestational age (Her Last Menstrual Period- LMP was on 13/07/2017), singleton live head presentation, previous C-section 1 times was referred from clinic due to absent end diastolic on doppler examination to emergency room with complaining of breathless at rest. On examination, peripheral and central cyanosis was noted with presented clubbing finger at upper limb. On further examination, she had a pulse 102/min, BP=127/80mm of Hg, respiratory rate=24/min, oxygen saturation=82 % (on room air), with a raised JVP. On auscultation of the chest bilateral basal crepitations were heard, a pansystolic murmur and loud pulmonary component of second heart sound with no ejection systolic murmur was heard on auscultation. Hemoglobin, leucocyte hematocrit and platelet values were 20.8 g/dL, 50.9%, 5.58x10³ / μ L, 189x10³ / μ L, respectively. Arterial blood gas analysis revealed a pH 7.34, pCO₂ 39, pO₂ 68 and hCO₃ 21 and Base excess -4.5.

Immediately, multidisciplinary care was initiated, and consultant obstetrician was called in and cardiac and anesthesia teams were involved in planning further care. The decision for urgent delivery was taken in view of maternal and fetal condition and an emergency Lower Segment Cesarean Section (LSCS) continued with tubectomy pomeon were done under epidural anesthesia with intra- arterial pressure and Central Venous Pressure (CVP) for monitoring hemodynamic changes. The baby was reported to be doing well with no immediate complications and was shifted to Neonatal Intensive Care Unit (NICU) Patient was shifted to Intensive Care Unit (ICU) for post-operative care, and thromboprophylaxis post-operative day 1. She was discharged on the eighth post-operative day.

Biography

Dalri Muhammad Suhartomo is a specialized doctor from the department of gynecology and obstetrics at the Cipto Mangunkusumo National Hospital, Indonesia. His area of interest includes obstetrics, gynecology, delivery methods etc.

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