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Peripartum Cardiomyopathy :Strong Suspicion And Quick Management Saves The Mother

Background: PPCM is a rare dilated cardiomyopathy with unknown aetiology with high mortality rate in young women. The clinical presentation of this entity like fatigue, dyspnoea and oedema mimics pulmonary oedema due to pre-eclampsia and pulmonary embolism. Hence it is often misdiagnosed.

The aim of this report is to make health professional raise suspicion and timely diagnose cases of heart failure in immediate postpartum.

Case: A 29yr, 2nd gravida with twin pregnancy presented to labour room at 36 weeks of gestation in active phase of labour. She was asymptomatic up to 2 days before admission when she developed breathing difficulty in lying down position. Soon after the delivery of 1st twin she had acute breathlessness, her saturation fall down to 60% at room air. P- 134bpm RR- 34/min. Chest - full of coarse crepitations. Urgent cardiology consultation was done and diagnosed as PPCM. Assisted delivery of 2nd twin (stillborn) was conducted. She was managed with inj. Furosemide (upto 70mg) NIV support and tablet digoxin. And was discharged on day 7, with the baby.

Conclusion: Any type of breathing difficulty should raise a suspicion in all pregnant women and a DD of PPCM should always be kept in mind. As early diagnosis and management could save mothers life as well as have good fetal outcome in antenatal case.

Keynotes: PPCM, twin, orthopnea.....

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