Unusual debut of dilated cardiomyopathy in gestation: A case report.

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OBJECTIVE:

Literature review of peripartum dilated cardiomyopathy with the presentation of a clinical case diagnosed in our center.

METHODS

We present the case of a 30-year-old woman, 32 weeks and 6 days pregnant, who came to the emergency department for increased heart rate and sudden onset back pain. So far, she had no personal or obstetric history of interest.

The patient was hemodynamically stable with no evidence of obstetric pathology. Bedside echocardiogram identified left ventricular dilatation with depressed LVEF.

After suspicion of dilated cardiomyopathy of uncertain origin, it was decided to transfer her to a tertiary hospital where medical treatment was started. The patient evolved asymptomatically with medical treatment until induction of labor at 38 weeks.

Both labor and puerperium were physiological. Currently the patient is under medical treatment and requires follow-up by the cardiology service.

DISCUSSION

Peripartum dilated cardiomyopathy usually manifests as heart failure at the end of gestation or during the immediate puerperium. The incidence differs according to geographic location with the highest rates reported in African areas.

Although there is no typical clinical definition of PPDM, the diagnosis is clinical. Exclusion of other pre-existing entities such as idiopathic or familial dilated cardiomyopathy is required, and the presence of a history is key. Confirmation of the diagnosis requires determination of LVEF and cardiac characteristics by echocardiogram.

Management consists of hemodynamic stabilization of the patient, with a better prognosis after the recent incorporation of bromocriptine following evidence of the involvement of the 16kDa fragment of prolactin in the pathophysiology.

The evolution of the disease is usually favorable, most of the patients remain stable with medical treatment allowing the completion of gestation by vaginal delivery. The need for strict multidisciplinary follow-up should be emphasized and possible complications in a subsequent gestation should be alerted.

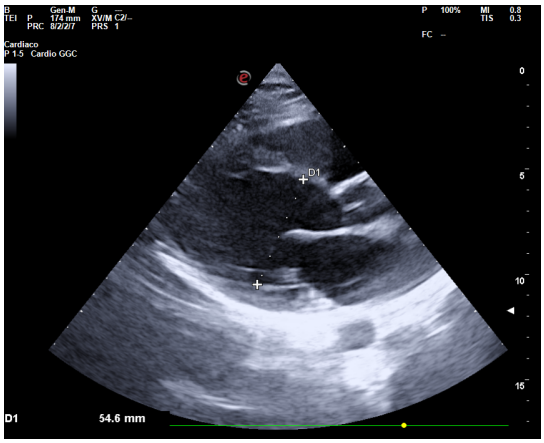

Figure 1. Left ventricular dilatation.

CONCLUSIONS:

With the description of this case we intend to highlight the importance of early diagnosis and management due to the high risk of complications derived from peripartum dilated cardiomyopathy. In our case, we emphasize the need for strict follow-up in the early third trimester of pregnancy.

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