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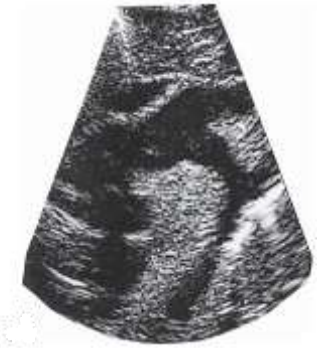
Title: TERM PREGNANCY WITH UNREPAIRED COARCTATION OF AORTA (COA) WITH SEVERE PRE-ECLAMPSIA: A CASE REPORT

Acknowledgment:- Dr. Sushma Mogri , Dr. Neelam Toshniwal , Dr. Dilip Jain Sir

Introduction:- COA is a relatively rare lesion where aorta is abnormally narrowed. As per World Health Organisation, severe coarctation should preclude pregnancy, warranting pregnancy interruption. Almost 5% women have maternal complications (cerebral infarction, aortic dissection, aortic rupture, hypertensive crisis & bacterial endocarditis) and foetal complications (premature birth with placental ischemia/abruption).



Objectives:- Patient presented with materno-foetal distress having COA NYHA Grade- IV treated with immediate caesarean section (favourable outcome) to reduce significant perfusion risk for foetus.

Case Operation Procedure:- 28 year, $G_3P_1L_1A_1$ with pre-term pregnancy with previous caesarean came to Emergency with complain of shortness of breath and decreased foetal movement.
Vitals: BP:156/90 mmHg, weak femoral pulse, SpO2: 74% (95% with 5% supplemental Oxygen) & Dipstick- +2. Oliguria +
Obstetric Examination: P/A: Uterus 36-38 weeks cephalic. Faint FHS + on stethoscope. P/V: Os closed. Non Stress Test- Non Reactive.
Cardiac Examination: Dyspnoea with systolic murmur. ECG: LVH. 2D ECHO: LVEF-68% No RWMA, LVH (+) .

Discussion:- Decision for immediate caesarean taken in view of foetal distress & severe pre-eclampsia and COA NYHA- IV.
Postoperative Cardiac Management: Continuous nitro-glycerin infusion started for BP stabilization in Critical Care Unit.
Post operative chest radiograph- Figure-of-3 sign. Derangements in CBC, LFT and KFT were managed conservatively.
Discharge plan included advising a CT aortogram for stenting.

Conclusion:-This case underscores the importance of a multidisciplinary approach for correct diagnosis and timely intervention for favourable feto-maternal outcome. Resection of COA must be undertaken to protect against possibility of a dissecting aneurysm and further rupture.

Reference:- 1.Cunningham FG, Leveno KJ, Dashe JS, Hoffman BL, Spong CY, Casey BM. Williams Obstetrics. 26th ed. New York: McGraw Hill Medical; 2022. 2.Park MK, Salamat M. Park's Pediatric Cardiology for Practitioners E-Book. Elsevier Health Sciences;2020.