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Title: A CASE REPORT ON EBSTEIN ANOMALY IN PREGNANCY

INTRODUCTION: Ebstein anomaly is an uncommon congenital malformation of heart with prevalence of 0.3-0.5%.It occurs in 1% of congenital heart disease.The improperly formed and apical displacement of insertion of septal and posterior tricuspid leaflets are hallmark of anomaly resulting in Tricuspid regurgitation,Right atrial and right Ventricular dilatation.

CASE REPORT: 29 year old primigravida at 32 weeks 4 days of gestational age with high blood pressure recordings was referred to GMH, Hanamkonda, for further management.She had history of on and off exertional dyspnea ,history of nail changes since childhood,h/o easy fatiguability,h/o lower limb swelling since 10 days. General examination revealed Clubbing-grade III, pedal edema- grade III,RR-20 breaths/min-regular rhythm,SpO2- 72% with room air, 84% with 6 litres of O2.CVS examination revealed s1 s2 heart sounds with pan systolic murmur. ECG-Broad QRS,Fragmented QRS,Ventricular premature contractions,prolonged PR interval. 2D ECHO revealed ebstein anomaly, dilated RA and RV, No RWMA, mild TR, trace pericardial effusion. Obstetric examination-Per abdomen: gravid uterus of 30-32 weeks gestational age in longitudinal lie,cephalic presentation with fetal heart sounds in left spinoumbilical line. Elective LSCS was done at 34 weeks of gestation under spinal anaesthesia with antibiotic coverage for bacterial endocarditis prophylaxis. On follow-up, patient was advised to use progesterone only pill to avoid pregnancy.

DISCUSSION : Half of patients with Ebstein's anamoly were among neonates and infants with cyanosis and congestive cardiac failure. Patients who survived to adulthood may be symptomatic with onset of arrhythmia or by pregnancy. According to WHO, women with Ebstein anomaly without cyanosis and heart failure are categorized in class II and usually tolerate pregnancy well , but symptomatic patients with cyanosis and/or heart failure should be treated before pregnancy or counselled against pregnancy. Preferred mode of delivery is by vaginal in almost all cases.It is advised to cut short the second stage of labor in these patients in order to avoid the increase in intrathoracic pressure and the increase of right to left shunt.

CONCLUSION:Most women do well in pregnancy. They have a milder form of an anomaly with little Right ventricular dysfunction without cyanosis or symptomatic arrhythmias before pregnancy, so they tolerate pregnancy well.With this anomaly,fertility is usually unaffected, even in women with cyanosis. The nature and severity of anatomical abnormality and patient's functional state all play a role in management. Maternal and fetal prognosis is good in patients with Ebstein anomaly and NYHA class 1.The presence of arrhythmia or cyanosis in the mother is associated with increased maternal and fetal risk, and needs closer maternal and fetal monitoring during pregnancy and delivery.

REFERENCES:Arias practical guide to high risk pregnancy.DC Duttas textbook of obstetrics, Williams obstetrics https://jhsss.sums.ac.it/article_48582_c9d918061028641d36667897623c0391.pdf https://pubmed.ncbi.nlm.nih.gov/30009147/