

A case report of Peripartum Cardiomyopathy masked by pre-existing Bronchial Asthma (198)

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Background:

- Peripartum cardiomyopathy manifests between the last month of pregnancy and the first five months of postpartum period.
- It usually presents with breathlessness and signs of heart failure which may mimic several conditions in pregnancy.
- This is a case of Peripartum cardiomyopathy which was delayed in diagnosing due to the presence of exacerbations of bronchial asthma.

Case Report

- 29 year old mother with **bronchial asthma** since childhood, on inhalers, presented at **36 weeks** of gestation in her fourth pregnancy with shortness of breath.
- During pregnancy there were several exacerbations of asthma with three hospital admissions.

- **On last admission C/O:**
 - # Worsening difficulty in breathing over a week.
 - # Productive cough with white sputum.
 - # Marked restriction in daily routines.

- **O/E:** Afebrile
Dyspnoea+ +
RR - 40/min
B/L Crepts+++with reduced air entry
PR - 120/min
BP - 120/80 mmHg

- **Mx:** Poor response to bronchodilators, intravenous steroids and antibiotics.

- A cardiology opinion was taken.
- 2D ECHO – Global hypokinaesia with severe left ventricular dysfunction. Ejection fraction was 20-25%.
- **Diagnosis: Peripartum cardiomyopathy**
- Developed spontaneous onset of labour following day
- Second stage – assisted with vacuum.
- Post partum: MDT - General condition improved with medical management.
- Two weeks later her ejection fraction was improved to 30-35%.

Conclusion

- ✓ Diagnosis of Peripartum Cardiomyopathy in our patient was delayed since her symptoms were attributed to exacerbation of bronchial asthma.
- ✓ Therefore, it is important that obstetricians should **consider Peripartum Cardiomyopathy** when managing dyspneic patients mainly in **latter part of pregnancy and in early postpartum.**

