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| Background |
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| Tetralogy of Fallot |
| (TOF) is the |
| commonest congenital |
| cyanotic heart disease. |
| $>$ Survival of surgically |
| uncorrected TOF to |
| adulthood is possible, |
| however pregnancy is |
| rarely seen due to the |
| reduced fertility and life |
| expectancy. |
| $>$ We report a case of |
| successful pregnancy |
| outcome in a woman |
| with uncorrected |
| tetralogy of Fallot. |

## Case

> 29 ys old primi with uncorrected TOF presented to ANC at 14/52.
> Exercise tolerance NYHA I
> O/E: Plethoric
Peripheral cyanosis+
Clubbing+
Systolic murmur+
O2 saturation-93\%
> IX: 2D ECHO - TOF with hypoplastic MPA with severe Pulmonary Stenosis. EF - 60\%.
USS - Asymmetrical FGR.
> Close follow up with MDT.
> Vaginal delivery at 38 weeks with second stage assistance was planned.
> Admitted at $37 / 52$ with exertional dyspnea (NYHA IV).

- BP-90/70 mmHg
$\mathrm{O}_{2}$ saturation-84\%
$\mathrm{Hb}-163 \mathrm{~g} / \mathrm{L}$
PCV-47\%
> MX:
- MDT involvement
- Stabilized in ICU
- Due to worsening symptoms + FGR Caesarean section was performed under graded epidural anesthesia.
- Baby - 2.3 kg .
- Neonatal ECHO Patent foramen ovale and mild bilateral branch PA stenosis.
- Post op: managed in ICU.
- A corrective surgery for TOF was planned later.


## Discussion:

> Pregnancy with uncorrected TOF is associated with increased maternal morbidity and mortality.
> These mothers should be followed up closely with hematocrit and the fetuses should be screened for FGR and congenital heart diseases.
> Careful fluid management and blood pressure maintenance gives a better outcome in labour.

