

Postpartum Female With Antiphospholipid Syndrome Presenting With Acute Chest Pain.

Is It Myocardial Infarction or Pulmonary Embolism?

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Background

- Chest pain following a pregnancy may have a serious underlying cardiac or pulmonary causes such as pulmonary embolism, aortic dissection, or myocardial infarction (MI).
- Prompt and accurate diagnosis is of critical importance.

Case description

- A 30-year-old female (G2P1, previous miscarriage at 22 weeks) presented to emergency department with central chest pain for few hours.
- Recent history of induced vaginal delivery of a healthy baby 10 days previously at 37 +2/40 gestation.
- Past history of antiphospholipid syndrome (APS) two years prior following a presentation with Budd-Chiari syndrome.
- History of multiple subsegmental pulmonary embolism (PE) at 25+5/40 (this pregnancy) despite being on therapeutic low molecular weight heparin (LMWH).
- She was switched to warfarin from LMWH following delivery.
- CT pulmonary angiogram showed no PE. Electrocardiogram was non-diagnostic. Echocardiogram suggested segmental left ventricular dysfunction and Troponin was significantly elevated at 5000. Coronary angiogram was normal which ruled out spontaneous coronary artery dissection (SCAD).
- Cardiac MRI was performed that showed multiple subendocardial MI [Figure 1, black arrows, short axis late gadolinium (GAD) enhanced images] with a small left ventricular thrombus (Figure 2, black notched arrow, short axis late GAD enhanced images).
- She was treated with LMWH and careful factor Xa monitoring and eventually discharged.

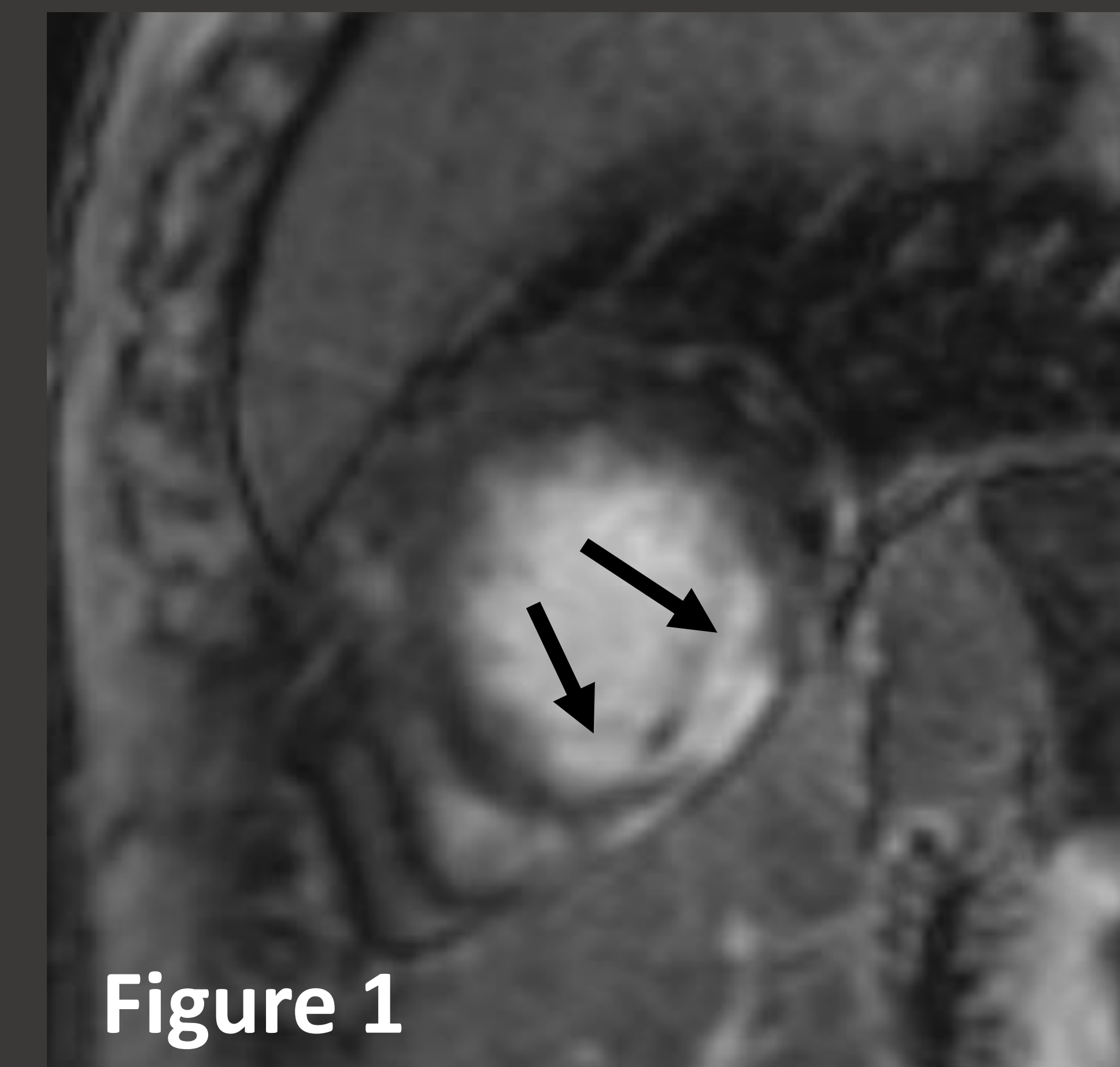


Figure 1

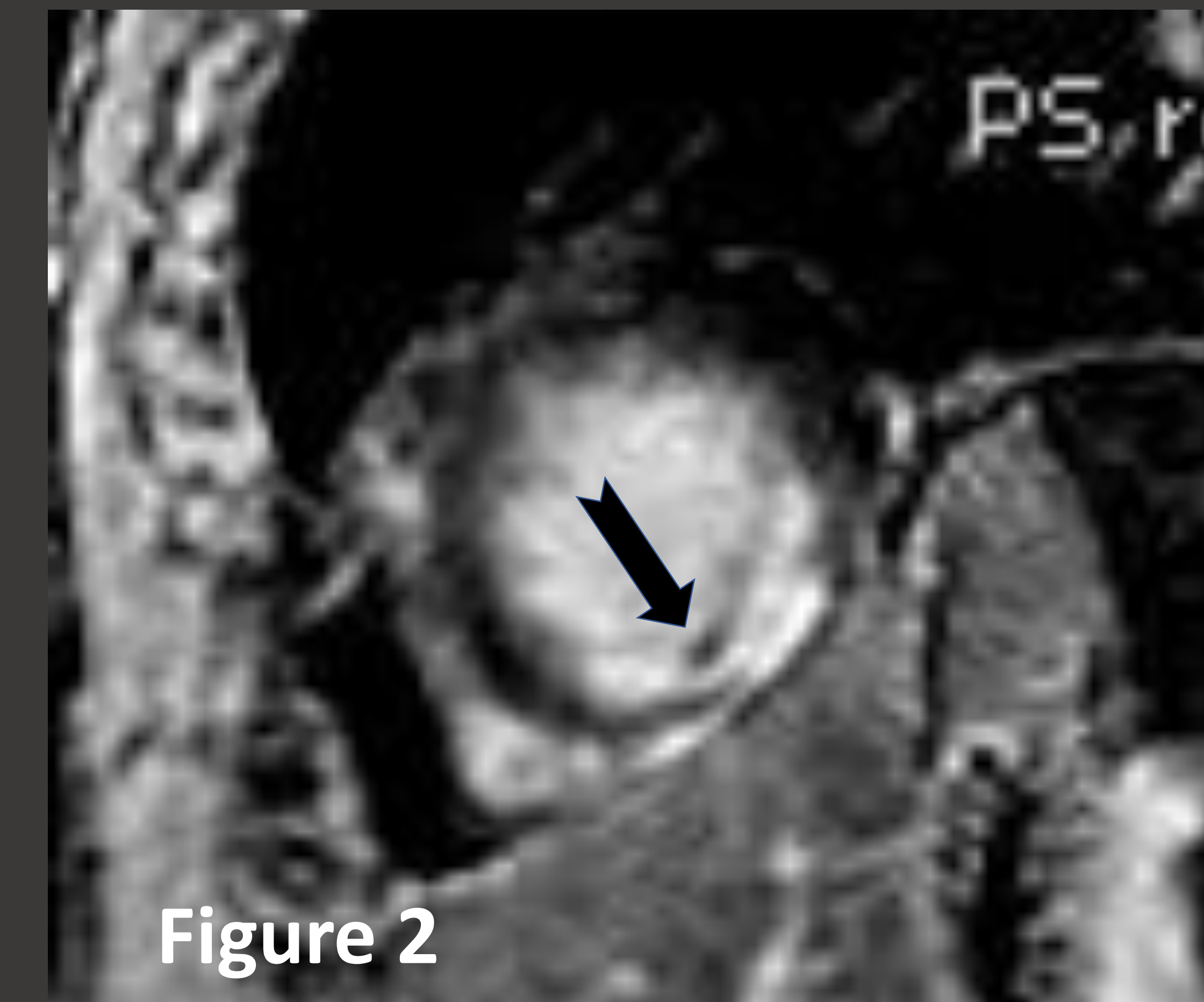


Figure 2

Discussion

- MI as the cause of chest pain in the post partum state are rare and are usually due to SCAD which can be diagnosed by coronary angiography.
- Our case presented with two different manifestations of APS (MI and ventricular clot).
- We recommend a heightened index of suspicion and expeditious investigations in such cases.