



Significant but stable Aortic dissection diagnosed in the third trimester; a case study

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Case

- 30-year-old primigravida at 30 weeks gestation with family history of sudden cardiac death in four family members
- Cardiology review in early pregnancy was normal
- Experienced 1 week of severe thoracic back pain while overseas at 28 weeks
- On return, Aortic dissection found on echocardiogram
- CT aortogram confirm acute Aortic dissection from left subclavian artery to at least T10 level (abdomen not imaged due to pregnancy) *(image right)*
- Admitted to cardiology ward for observation
- Also had small for gestational age fetus and major posterior placenta praevia
- Delivered by elective Caesarean section at 31 weeks following full steroid cover
- Mother and baby have subsequently been diagnosed with Loeys-Dietz syndrome

Background

- Occurs in approx .0004% of all pregnancies
- High risk of sudden maternal and fetal mortality

CT Aortogram



Discussion

- Mutual decision to deliver once steroid covered, rather than risk emergency delivery in a crisis situation