

A CASE OF “BROKEN HEART” IN PREGNANCY DUE TO ANAPHYLAXIS

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BACKGROUND

“Broken Heart Syndrome” “Takotsubo cardiomyopathy”

First described in 1990 in Japan

Definition

- Mimics MI – symptoms, elevated troponins, EKG changes
- Regional LV systolic dysfunction – classically apical hypokinesis or ballooning
- Triggered by physical or emotional stress; catecholamine surge
- Absence of obstructive coronary artery disease
- Transient

CASE

**23 year-old G2 P1 Hispanic female
presented for IOL at 37 5/7 wks for ICP
(intrahepatic cholestasis of pregnancy)**

**No significant past medical, surgical or
family history**

No complications in prior pregnancy

CASE

Shortly after administration of IV Ampicillin for Group B Streptococcus (GBS) prophylaxis:

- Sudden onset of chest pain, hypotension, and hypoxemia
- Given IV Solumedrol, IV Benadryl, and subcutaneous epinephrine for presumed anaphylaxis
- She remained hypoxemic and hypotensive

CASE

Chest X-ray: Negative

EKG

- Sinus rhythm
- Inferior ST elevation, septal-lateral T-wave inversion, prolonged QTc interval

Laboratory findings:

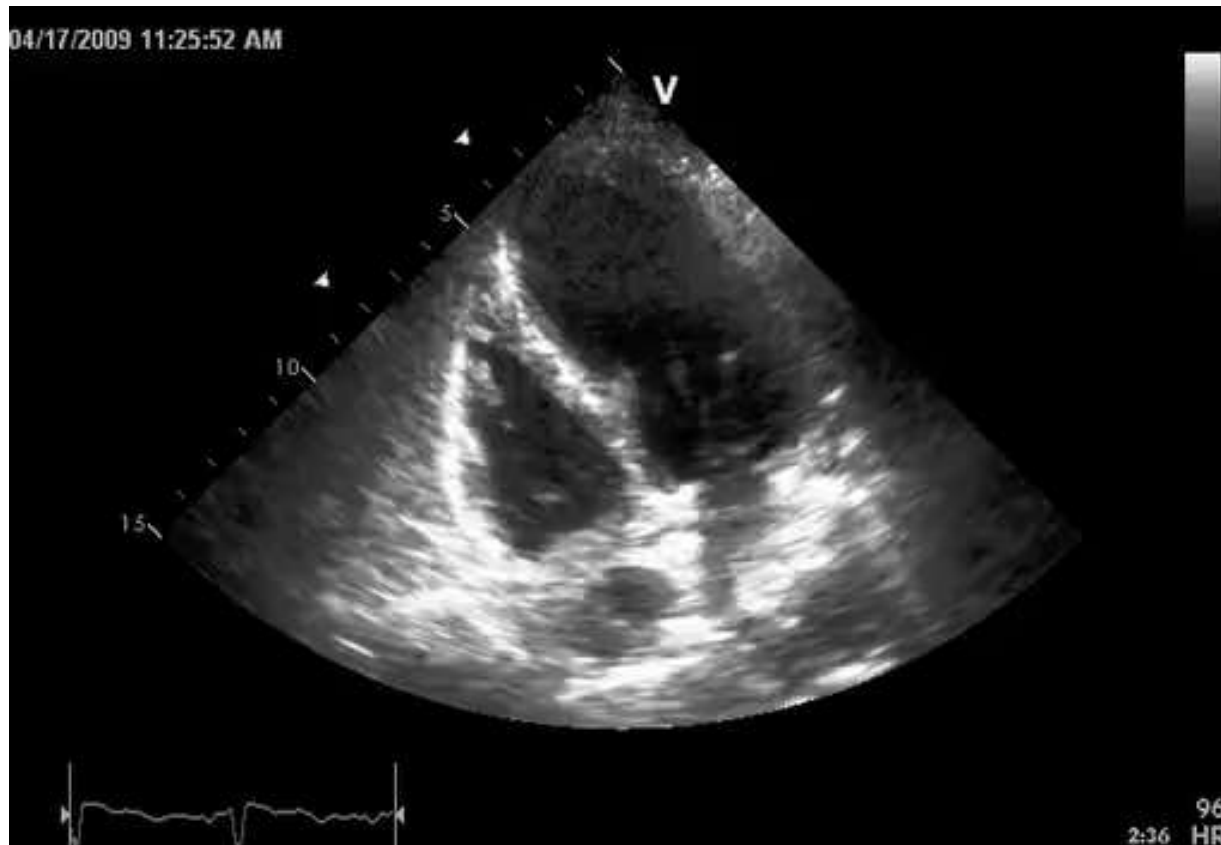
- Troponin 0.18 → 0.29 → 0.44 → 0.50 → 0.98
- BNP >500

CT-Angiography

- Negative for pulmonary embolus

CASE

- Echocardiogram:
 - Apical hypokinesia with an EF of 35%



CASE

2 days later

Repeat Echocardiogram

- EF 48%
- Resolution of segmental wall motion abnormality

EKG

- Normal

CASE

**IOL with foley balloon and oxytocin →
NSVD**

Postpartum:

- Beta blocker, ACE-I
- Cardiology follow-up
- Discharged home on PPD 2

DISCUSSION

Differential Diagnosis

“Broken Heart” vs. peripartum cardiomyopathy

- Timing
- Echo findings
- Management
- Recovery
- Recurrence

CONCLUSIONS

Novel case of “Broken Heart” Syndrome due to anaphylaxis in pregnancy

- Common triggers

Supportive care

Recurrence is rare

A broken heart does not preclude vaginal delivery

THANK YOU!

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