



# Large Acute Bilateral Pulmonary Embolus (PE) in Pregnancy

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# Introduction

- Thrombosis and thromboembolism remain leading cause of maternal death
- 11% maternal mortality due to venous thromboembolism (VTE)



# Case Presentation

- 41 year old
- P1- previous vaginal delivery
- BMI 19
- Admitted at 36 weeks with uterine tightenings
- Risk factors for VTE – age over 35 years old and hospital admission
- Unstable fetal lie during admission
- Day 3 of admission found to be short of breath



# Case Presentation

- Oxygen saturations 95% on air, other observations normal
- Examination - crepitations right base and mild wheeze
- Chest x-ray normal and mild raised inflammatory markers
- Seen by a junior doctor, and treated for a chest infection with oral antibiotics



# Case Presentation

- 2 days later further desaturation was noted to 91%
- Maternal tachycardia 100bpm
- PE suspected and patient started on treatment dose enoxaparin
- Urgent CTPA and echocardiogram organised



# Case Presentation

- Echo showed high pulmonary artery pressures
- CTPA – large near occlusive filling defect in keeping with acute PE in the right main bronchus, right atrial and ventricular enlargement and straightening of the intraventricular septum in keeping with right ventricular strain, dilatation of the pulmonary trunk relative to ascending aorta
- Further non-occlusive filling defects seen in left pulmonary artery



# CTPA Image



# Case Presentation

- Unfractionated heparin commenced and IVC filter fitted
- Uncomplicated ELCS was performed, EBL 650mls
- Admitted to cardiac ICU post delivery
- Day 5 post ELCS, persistent drop in Hb and repeat laparotomy performed – 3 litres blood on abdomen with no focal bleeding point





# Case Presentation

- Warfarin commenced postnatally and discharged home on day 17.
- Well at review 10 months post partum



# Conclusion

- Drop in oxygen saturations should prompt senior review
- PE still important cause of maternal mortality and morbidity
- Not to be forgotten
- Junior doctors may not realise significance lower oxygen saturations in pregnant patients



# Questions

