Severe preeclampsia and peripartum cardiomyopathy following in vitro fertilization

Stanciu O.-C., del Olmo Falcones M., del Barrio Valilla M., Alonso Nogueras A.M., Casinello Plaza F., Muñoz Alameda L.E.

Fundación Jiménez Díaz, Dept of Anaesthesiology & Pain Medicine, Madrid, Spain

Peripartum cardiomyopathy is a cardiac insufficiency of unknown origin in previously healthy women in the final month of pregnancy and up to 5 months after delivery. It is a pathology with a relatively low incidence, but potentially fatal outcome in 5% to 32% of cases. A possible mechanism is an abnormal immune response to pregnancy, which can be increased in reproductive techniques.

Case report:

- 40-years-old spanish woman, multigravida, primary infertility
- 4th pregnancy, secundiparous, in vitro fertilization with ovodonation
- Mild preeclampsia
- Normal vaginal delivery of twins under epidural anaesthesia.
- After delivery, diplopia with anisocoria

Acute respiratory insufficiency (acute pulmonary edema)
Left ventricular insufficiency (LVEF of 25%)
HELLP Syndrome

Magnesium Sulfate
Furosemide, Eplerenone
Lisinopril, Beta Blockers
Transfusion, B12 vit., Iron, Folic Acid

Normal LVEF
Favourable outcome and discharge in 3 weeks

Learning points:

- In vitro fertilization and ovodonation increases the risk of peripartum complications.
- A normal delivery doesn't exclude a complication with fatal outcome.
- Think of peripartum cardiomyopathy in unexplained heart failure in late pregnancy or early puerperium.
 - Acute changes in clinical status may appear very rapidly.
 - Early diagnosis and team collaboration is fundamental.

References:

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