

INTRODUCTION

- ❖ Pulmonary Hypertension poses serious Maternal & Fetal Threats
- ❖ It is defined as a mean pulmonary arterial pressure (mPAP) ≥ 20 mmHg at rest
- ❖ It belongs to WHO Risk Group IV where pregnancy is contraindicated
- ❖ Termination is ideally done before 22 weeks
- ❖ WHO further stratifies Pulmonary Hypertension into 05 Groups

OBJECTIVE

A well managed case of Pulmonary Hypertension due to coexisting lung pathology using a multidisciplinary approach resulting in a favourable outcome

PRESENTING COMPLAINTS

25 years old G2P1L1 at 25 weeks 03 days POG

- ❖ **Dyspnoea** on exertion for 3 months gradually progressive (NYHA II / IV)
- ❖ Intermittent episodes of **palpitations**

MENSTRUAL HISTORY

Menarche – 14 yrs

LMP- 01.06.2023 EDD- 08.03.2024

OBSTETRIC HISTORY

G1- 2020/FTND/40 wks 2

days/Uneventful/Female/2.9 Kg

Past/Personal/Family-NAD

GENERAL EXAMINATION

Height- 154 cm

BMI- 18.55 kg/m²

B.P- 94/60 mm Hg(Right Arm supine)

spO₂- 84% on room air

RR-26/min

Pallor++ /Clubbing +

JVP (6 cms above sternal angle)

P/A- Uterus around 24-26 wks

Foetal parts palpable

External ballottement +

SFH- 24 cm, FHS+

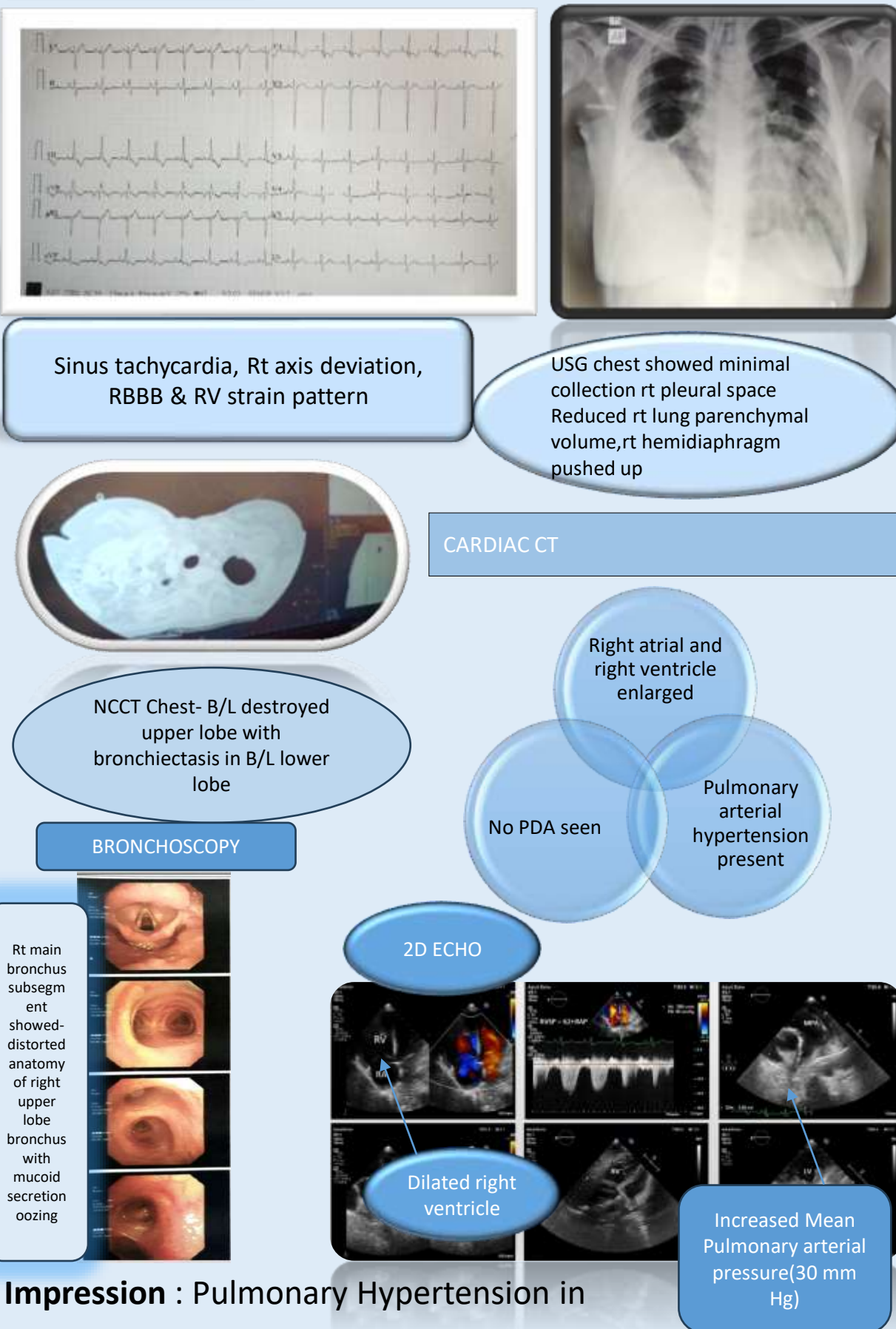
USG Obstetrics

(28 wks 1 day)

SLIUF+, FCA+, FM+, cephalic presentation, USMA- 27wks 1 day, Liquor- adequate, AFI-12 cm, UA/SD- 2.75, EFW- 894 gm



INVESTIGATIONS



Impression : Pulmonary Hypertension in pregnancy

Plan: Elective LSCS AT 30 Weeks 02 Days

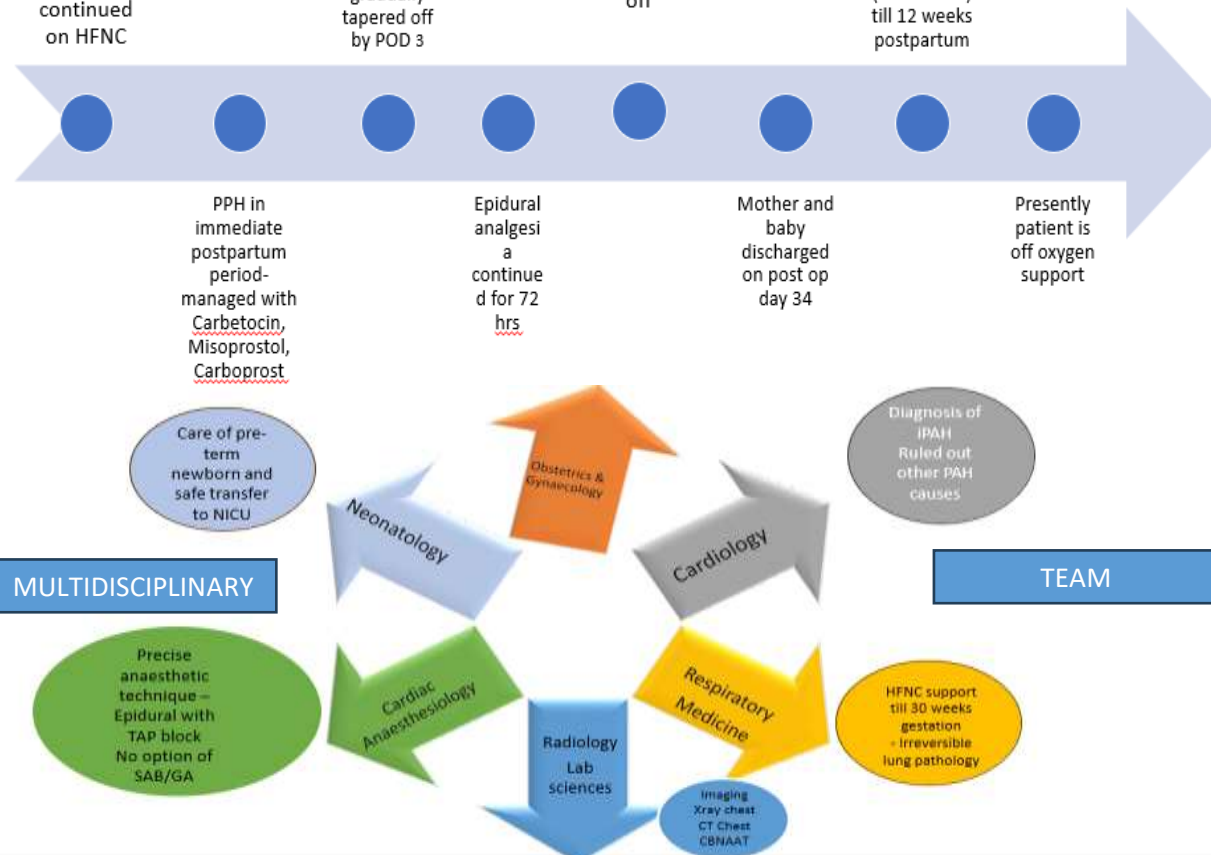


Post-op period pt observed in respiratory ICU and initially continued on HFNC

Inotropes – Milrinone, Adrenaline, Vasopressin continued and gradually tapered off by POD 3

HFNC continued till 3 weeks post op, weaned off

Patient initially on oxygen via nasal cannula (at 1-2 LPM) till 12 weeks postpartum



DISCUSSION

- ❖ Presence of pulmonary hypertension (mean pulmonary artery pressure >20 mmHg), a pulmonary arterial wedge pressure 15 mmHg or less and pulmonary vascular resistance (PVR) at least 3 mmHg/l/min
- ❖ High Risk and Contraindicated
- ❖ Termination of pregnancy
- ❖ Gestational age at presentation
- ❖ Associated with a 3-yr mortality of 55%
- ❖ Multidisciplinary team approach and tailored therapy - safe delivery of mother and baby

CONCLUSION

- ❖ Diagnostic enigma
- ❖ Multidisciplinary approach
- ❖ LSCS in semi- recumbent position & PPH mgt
- ❖ Diagnosis of Gp 3 PAH ruled out other PAH causes
- ❖ HFNC support till 30 weeks gestation
- ❖ Irreversible lung pathology
- ❖ Imaging Xray chest/CT Chest/CBNAAT
- ❖ Precise anaesthetic technique – Epidural with TAP block; No option of SAB/GA
- ❖ Care of pre- term newborn and safe transfer to NICU



Acknowledgements

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