

Title: A CASE OF COMPLETE HEART BLOCK IN PREGNANCY- **A MULTIDISCIPLINARY APPROACH**

INTRODUCTION

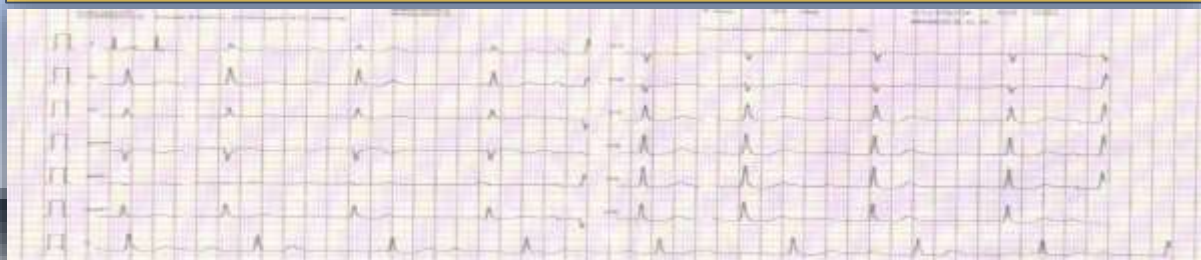
- A rare but life-threatening condition.
- Involves the complete failure of electrical conduction from the atria to the ventricles, resulting in bradycardia and potential hemodynamic instability.

CASE REPORT

- A 28-year-old Rh negative primigravida with MCDA twins was referred to our institution for safe confinement at 33 weeks 5 days of gestation as a case of Preterm pain with suspected Wenckebach Heart block.

INVESTIGATIONS

- An ultrasound with doppler showed a MCDA Twins with good biophysical profile. ECG showed a complete heart block, HR 58 bpm, regular PP interval, regular RR interval, normal QRS duration, with AV dissociation, no ST T changes, Echo showed only rhythm abnormality



OPERATIVE PROCEDURES

- Patient was started on T.Orciprenaline 10 mg TDS.
- Elective LSCS was planned at 36 weeks 3 days on 1/8/24.
- Temporary pacemaker insertion under fluoroscopy guidance was done through transfemoral approach.
- In the presence of multidisciplinary team and under general anaesthesia an elective caesarean delivery proceeded in usual way to deliver two alive, preterm, boy babies of birth weight 2.510 kg and 2.985 kg. Post operatively patient was monitored by multidisciplinary team.
- On POD-1 the temporary pacemaker lead was removed
- Post operative period was uneventful and patient was discharged on POD 16.

CONCLUSION

Although a rare scenario ,Early recognition, prompt management with a multidisciplinary approach is crucial for both maternal and fetal outcomes.



REFERENCES 1.Reid JM, Coleman EN, Doig W. Completel heart block. Report of 35 cases.2. Br Heart J 1982;48:236–9Dalvi BV, Chaudhuri A, Kulkarni HL, et al3 . Therapeutic guidelines for CHB presenting in pregnancy