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POSTPARTUM CARDIOMYOPATHY IN THE CORONARY UNIT: A CASE REPORT

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Postpartum cardiomyopathy (PC) is a form of dilatative cardiopathy, an unclear etiology that occurs in previously healthy mothers. Criteria for diagnosing postpartum cardiomyopathy are based on heart failure from the last month of pregnancy up to 5 months after delivery, left ventricular ejection fraction (LVEF) <45%, absence of a known cause of heart failure, absence of heart disease before the last month of pregnancy and the absence of echocardiographically observed systolic dysfunction of the left chamber before pregnancy. The patient is placed in an intensive care unit. She complains of weakness, malaise, swelling and increased blood pressure. She was treated with medications, diuretics, an ACE inhibitor, a beta blocker and antiarrhythmics due to frequent episodes of ventricular tachycardia (VT) interrupted on 3 occasions by 100 J DC synchronous shock. The installation of a double chamber implantable cardioverter defibrillator was indicated, and it was implanted 5 days after the stabilization of symptoms.

Peripartal cardiomyopathy endangers the health of pregnant women and maternity. A clinical suspicion of the existence of a PC is extremely important for early diagnosis. Echocardiography with a PC is necessary for the diagnosis and monitoring of the course and outcome of treatment. Standard treatment for heart failure is recommended in patients with PC; however, the therapy should be adjusted taking into account the health of the fetus during pregnancy. Further research is needed to determine the pathophysiological mechanisms of this cardiomyopathy, biomarkers specific to the disease itself, effective treatments, and prevention measures for the emergence of a PC.

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