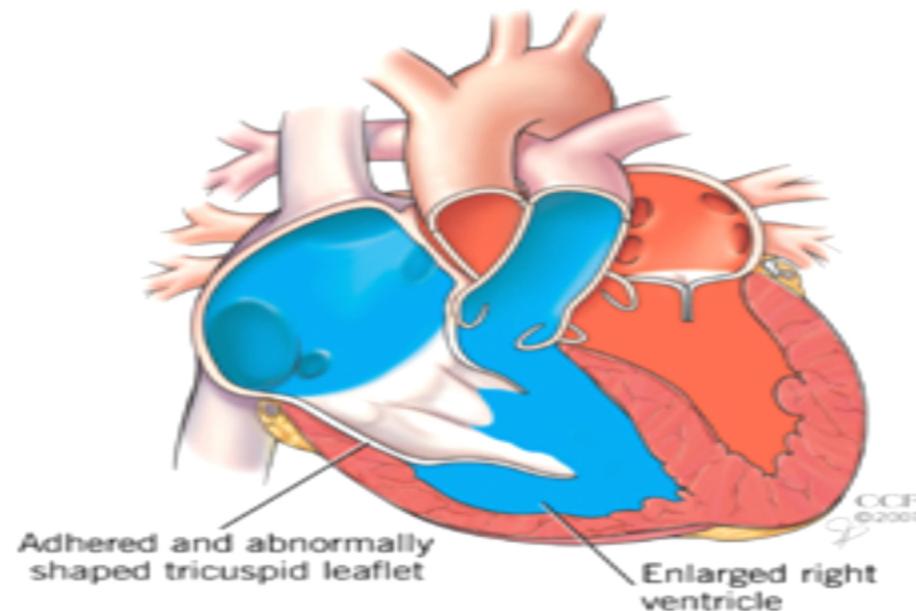




Introduction

Ebstein's anomaly is an uncommon congenital heart disease with a prevalence of 0.3 -0.5% characterized primarily by abnormalities of the tricuspid valve and right ventricle. It may be associated with arrhythmias and cyanosis. Congestive heart failure is the most common cause of death. A considerable proportion of women with this disease reach childbearing age and pose a challenge to the treating obstetrician.

Ebstein's anomaly



Case report

A 42 year old primigravida having Ebstein's anomaly and severe preeclampsia was referred to the tertiary care centre for safe confinement at 32 weeks. On admission, she had breathlessness and chest discomfort. She was cyanosed, SpO₂ of 92% on room air with New York Heart Association (NYHA) functional class II. She was diagnosed with severe pre-eclampsia at 31weeks of gestation and was started with oral anti-hypertensives. She did not give any symptoms suggestive of imminent eclampsia. On admission her blood pressure was 150/100 mmHg with significant proteinuria. All the basic investigations were normal.

Corticosteroid was given. After getting multidisciplinary specialist input from cardiologist, neonatologist and anaesthetist, decided to continue the pregnancy until 34weeks with close monitoring. She developed impending symptoms of eclampsia at her period of amenorrhoea of 33weeks and 4days..

After preoperative stabilization at intensive care unit, she underwent emergency lower segment cesarian section. Non asphyxiated baby girl, with birth weight of 2200g was delivered. Postpartum care was given at intensive care unit. The albuminuria resolved within 10 days. Hypertension was controlled with two oral antihypertensives. She was discharged at postoperative day 20 after appropriate contraceptive counseling. Baby was followed up for 6 months. No congenital heart disease was detected in the baby during follow up

Discussion

Pre conception counseling regarding cardiac evaluation and assessment is a must in patients with Ebsteins Anomaly who wish to pursue pregnancy. The risk of pregnancy should be individually assessed depending on the cardiac functional status.

A multidisciplinary team approach is required for successful and safe outcome in patients with Ebstein anomaly. Though pregnancy is well tolerated and fetal outcome is good in most of the patients, restricting family size and contraceptive advice should be given to all the patients in view of the unpredictable course of the disease and its complications.