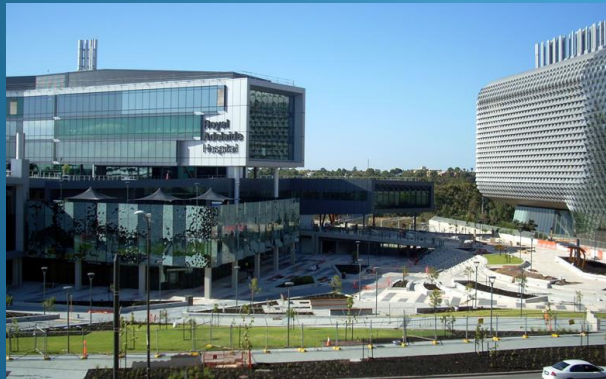


# Pregnancy Case Report

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# Adelaide



# Case report

- Risk assessment prior to pregnancy
- An increasingly frequent and complex discussion in ACHD population

# Helen

- 30 yrs old
- Just married
- Comes for discussion with her new husband re pregnancy

# Past history

- Complex congenital heart disease
- Atrial situs inversus
- Hypoplastic LV, VSD
- DORV, subpulmonary stenosis
- Interrupted IVC with hemizygous continuation of L SVC (no R SVC), direct hepatic vein drainage into atrium
- Right sided aorta

# Past History

- Right BT shunt then central shunt before age 2 yrs
- Aged 3 yrs – Roger Mee
  - Division of shunts
  - Transection and oversewing of main PA
  - Kawashima operation (L SVC to L PA) with patch repair of RPA stenosis

# Past History

- By age 5 yrs – developed extensive pulmonary AVMs and had required PPM (epicardial leads) for sinus arrest post op
- Proceeded to further surgery
  - ‘Fontan circulation’ - baffle to direct hepatic vein flow to upper pole of L sided atrium and subsequent anastomosis to L PA

# Progress

- Gut malrotation
- PPM battery removed after 5 years as not needed
  - Leads left in situ
- Episodes of plastic bronchitis in early childhood



# Progress

- 2016 – hepatic cirrhosis Childs A
  - No oesophageal varices on endoscopy
  - Normal hepatic synthetic function

# Current health

- Cognitively normal – full time work
- Gym twice a week
- Warfarin 2.5mg/d
  
- Overweight – 88kg (BMI 34)
- Normotensive but mildly hypoxic SaO<sub>2</sub> 93%
- No oedema

# Recent Ix

- Echo:
  - ? Mildly impaired function of systemic RV – EF >40%
  - Mild-moderate mitral regurgitation
- No MRI due retained PPM leads!
- CT – no stenosis of pathways

# Recent Ix

- 6MWT – 626m with mild desaturation to 89%
- Treadmill stress test
  - 9.5 mins of predicted 12
  - Mild desaturation but normal BP and HR
- CPET
  - 13.5 mins (72% predicted)
  - VO<sub>2</sub> max 15 mls/kg/min (66% predicted)

# Recent Ix

- Bloods
- Hb 135 – normal
- Normal Fe studies
- Alb 38
- LFTs normal

# Recent Ix

- PFTs
  - Mild restrictive defect
  - FVC and FEV<sub>1</sub> ~ 80%
  - Moderately reduced DLCO 60%



So what should I tell her?

# Some of the issues

- Which form of stress testing is most useful/predictive?
- What is the impact of liver disease on pregnancy for Fontan group? What if she had small varices?
- How important is plastic bronchitis?
- What should we do with warfarin?
- Where should she deliver?



# Geography



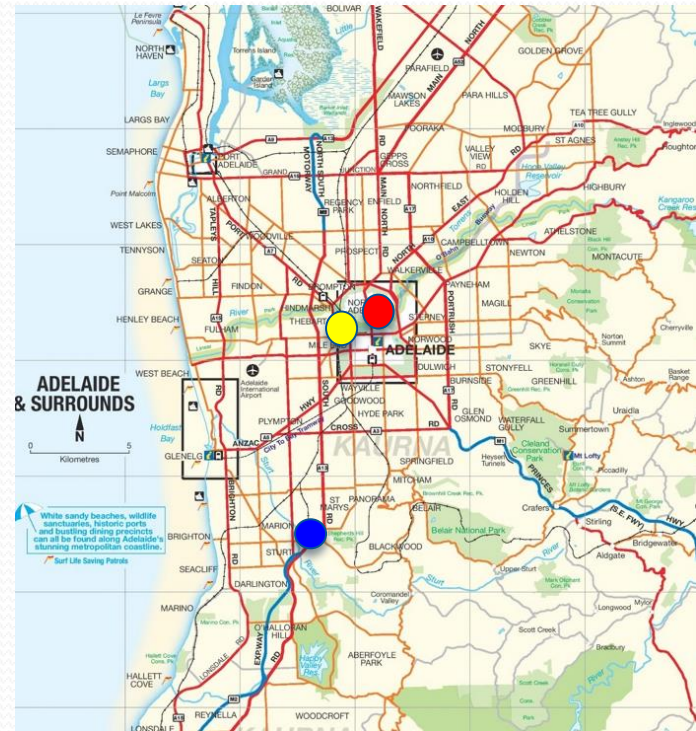
WCH – O&G/paed ICU



RAH – Adult ICU



FMC – O&G/adult ICU



# Some of the issues

- Which form of stress testing is most useful/predictive?
- What is the impact of liver disease on pregnancy for Fontan group? What if she had small varices?
- How important is plastic bronchitis?
- What should we do with warfarin?
- Where should she deliver?
- What about IVF?