



# **Case Report: Subsequent Pregnancy After Peripartum Cardiomyopathy**

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## Case Report: *(United States): Subsequent pregnancy before recovery with eventual chronic dilated cardiomyopathy*

- A 31-year-old gravida 2, para 2 patient was diagnosed with PPCM two weeks postpartum with echocardiographic LVEF at diagnosis of 0.24. She received treatment with lisinopril and carvedilol with improvement to LVEF 0.46.
- She phased out all medications, and 3 years after initial diagnosis, became pregnant (LVEF 0.45 at first trimester).
- She delivered a healthy female child but experienced dyspnea on exertion and persistent pedal edema 3 days postpartum. An echocardiogram revealed reduction of LVEF to 0.34.
- She received treatment with lisinopril and carvedilol with gradual improvement of LVEF to 0.42, where it continues unchanged 3 years later.

## Commentary:

- Initial diagnosis PPCM: Continue and adjust Rx with goal LVEF 0.55 (for sure LVEF  $\geq$  0.50).
- Delay subsequent pregnancy until reach goal.
- Unknown if should continue BB during pregnancy.
- Monitor closely for relapse of heart failure by:  
a) history & physical exam, b) serum BNP, c) echo at least each trimester (“Self-test” may be helpful).
- Initiate treatment with BB + hydralazine if evidence relapse during pregnancy; replace hydralazine with ACEI if relapse postpartum.
- If antenatal relapse, stabilize with treatment, then achieve delivery when adequate maturity fetus.

Umazume T, Yamada T, Yamada S, Minakami H. Periparum Cardiomyopathy in a woman with preeclampsia with twin pregnancy. *BMJ Case Rep* 2014 Nov 20;2014. pii: bcr2014208186. doi: 10.1136/bcr-2014-208186.(Hakodate, Japan)  
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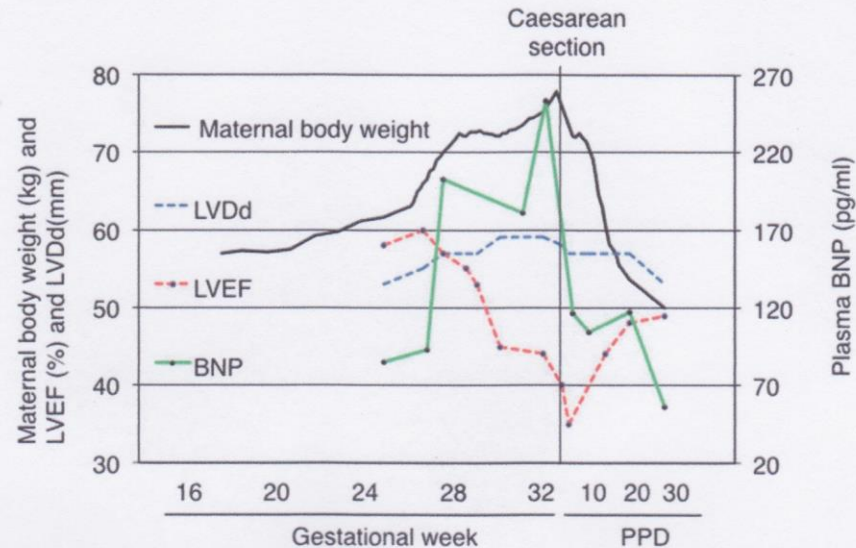


Figure 1. Perinatal changes in maternal body weight, LVEF, LV end-diastolic diameter (LV-Dd), and blood BNP level

PPD, postpartum day.

Emergency caesarean section was performed at GW 32.

The LVEF of 44%, LV-Dd of 59 mm, and BNP level of 254 pg/mL soon before caesarean section became 35%, 57 mm, and 116 pg/mL on PPD 3, 48%, 57 mm, and 117 pg/mL on PPD 21, and 49%, 53 mm, and 56 pg/mL on PPD 32, respectively.

254x190mm (300 x 300 DPI)



# Risk of relapse of heart failure in post-PPCM pregnancies

[Fett JD, Fristoe KL, Welsh SN. Risk of heart failure relapse in subsequent pregnancy among peripartum cardiomyopathy mothers. Int J Gynecol Obstet 2010;109:34-36]

