



## CASE OF UNCORRECTED CYANOTIC CONGENITAL HEART DISEASE IN PREGNANCY: RARE CASE

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### KEYWORDS :

**INTRODUCTION:** Double outlet right ventricle is a rare form of congenital heart disease,Pregnancy related circulatory changes can impose haemodynamic stress on heart,this group of woman may be at risk for cardiac complications during pregnancy.However very little known about pregnancy outcomes in this population.Early detection and intervention is necessary to prevent complications.

**OBJECTIVE:** Rare case study in 30 year/G3P2L1D1/with 30 weeks gestation with intrauterine fetal demice with k/c/o cyanotic congenital heart disease with double outlet right ventricle with ventricular septal defect with atrial septal defect with pulmonary stenosis and overriding aorta.

**CASE DETAILS:** 30 year old female married since 12 year,G3P2L1D1 with 7 month amenorrhoea with k/c/o transposition of great arteries with ventricular septal defect with atrial septal defect with pulmonary stenosis with pulmonary hypertension

c/o breathlessness since 4 days  
Pain in abdomen since 4 days  
Cough with hemoptysis since 2 month  
Decreased fetal movements since 2 days

#### Menstrual history:

- L.M.P.:?
- G.A.B.D.:?
- G.A.B.S.:30+4(19+5)

26+3(23+2)Liquor almost absent

#### Obstetrics history:

G1:Female/5 year/FTLSCS/i.v.o.abruption at banaras/L&W  
G2:Male/IUD/PTVD  
G3:Registered and immunised

P/P/F/H/O:K/C/O Transposition of great arteries with DORV with ventricular septal defect with atrial septal defect with pulmonary stenosis with pulmonary hypertension since 4 month

O/E:Pulse-104/min,B.P.-100/70mmHg R.R.-20/min ,pallor -  
+,clubbing+

C.V.S.-E.S.M.

R.S.-crepts on left side  
SPO2-94%

P/A-Uterus 22 week,FHR absent,irritable,T.S.+ ,healthy

P/S-Cervix/vagina-no leak/bleeding

P/V-Os closed,uneffaced

2Decho-Aortic override >50%,both aorta and pulmonary artery arising from right ventricle ,large mal-aligned VSD with bidirectional shunt ,valvular pulmonary stenosis,pulmonary gradient-120mmHg,good size &confluent pulmonary stenosis,normal

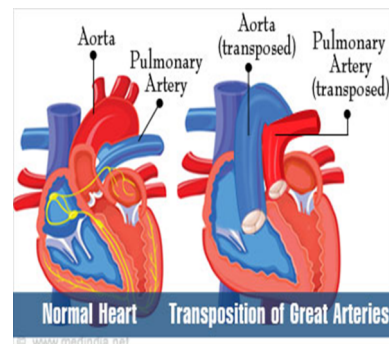
biventricular function,LVEF-60%

Medicine reference done,advised caesarian section as preferred mode of delivery with high risk consent.

**MATERIAL AND METHOD:** Emergency hysterotomy done under epidural anaesthesia with LAS+bupivacaine,post op shifted to TICU,Kept on O2 with facemask,started i.v. antibiotics

- Post op day 0-p-104/min,B.P.-110/50mmHg, SPO2-84%,CVS-ESM+,RS- crepts on left side,
- PA-soft,no GRDT,L.E.-NAB
- On post op day 7 suture removal done and discharged on day 10.

**DISCUSSION:** High incidence of (serious) obstetric complications (65%) and mortality in the offspring and mother were observed during pregnancy in TGA patients. Therefore, we recommend that all TGA patients, even those of apparent good health, should be monitored closely during their pregnancy, because early detection and intervention is necessary to prevent complications in the future.



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