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A silent mitral stenosis in a pregnant lady: A case report

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ABSTRACT

Introduction: Mitral stenosis is a challenging condition to diagnose, especially in its early stage when the patient may not display any symptoms. Pregnancy may exacerbate the condition due to the physiological increase in blood volume and cardiac output. **Case Description:** A 28-year-old, G1P0 at 38 weeks of gestation presented with reduced fetal movement and contraction pain. Her antenatal follow ups was uneventful. Upon assessment, pregnancy parameters were according to gestational age and cardiotocograph was reassuring. She progressed to the active phase of labour and was subsequently augmented. After 6 hours of labour, she complained of shortness of breath and was found to be tachypneic with an oxygen saturation of 67-68% under room air. The anaesthetic team was called to co-manage the maternal respiratory distress and the decision was made to expedite the delivery. The patient was delivered via vaccum-assisted delivery and was subsequently intubated. She was admitted to the Intensive Care Unit for Acute Pulmonary Edema. An urgent echocardiogram revealed severe mitral stenosis with an ejection fraction of 49%. **Discussion:** In this case, mitral stenosis was not detected during antenatal care due to the lack of symptoms or signs. However, during the second stage of labour, the increased physical exertion and stress of delivery had likely caused a sudden increase in the strain on the heart, leading to the impending collapse. Maternal mortalities due to cardiac disease, including mitral stenosis have increased in recent years. Therefore, it is crucial to diagnose and manage these conditions early to prevent adverse outcomes.

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Rupture of an intracranial arteriovenous malformation (AVM) in in-vitro fertilisation (IVF) pregnancy: A case report

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ABSTRACT

Introduction: The rupture of an intracranial AVM in pregnancy is a rare occurrence but may have fatal consequences. Here, we report a case of a pregnant woman with symptomatic ruptured cerebellar AVM that was treated with surgical excision; but unfortunately she had a miscarriage. **Case Description:** A 30-year-old Malay couple with subfertility for 6 years underwent an IVF procedure due to tubal factors. She had a successful twin pregnancy after a fresh embryo transfer. At 17 weeks of pregnancy, she presented with neck pain, slurred speech, and left hemiparesis. In view of a drop in the Glasgow Coma Scale, craniectomy was carried out with evacuation of clots and excision of AVM for ruptured left cerebellar AVM. Post-operatively, she experienced a spontaneous miscarriage. She was then discharged well after 1 month of hospitalization. Magnetic resonance angiography and magnetic resonance venography of the brain, done post-operatively 9 months later, showed no vascular anomaly. Connective tissue disease screening was normal. She was able to resume daily activities independently after regular physiotherapy. After 4 years, she underwent frozen embryo transfer with a hormonal replacement therapy cycle. She had a successful singleton pregnancy and is currently at 34 weeks of pregnancy. She has not experienced a recurrence of intracranial bleeding in this pregnancy. **Discussion:** The influence of pregnancy on AVM rupture is controversial. Surgical intervention for ruptured AVM during pregnancy could prevent re-bleeding. A multidisciplinary approach is essential.