

## **Peripartum Cardiomyopathy Presented as Malignant Ventricular Arrhythmias**

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### **Background:**

Peripartum cardiomyopathy (PPCM) is a rare disorder. Dyspnea and fatigue are the main presenting symptoms. It is seldom presented as malignant ventricular arrhythmias.

### **Aim:**

To raise awareness and suspicion of PPCM, even when symptoms are mild, before lethal or disabling events may occur.

### **Material & Methods:**

During the last decade 12 women were treated in our CCU due to symptomatic PPCM. Two of the 12 (16%) were presented with malignant ventricular arrhythmias.

Case 1: A previous healthy 42 year old woman with documented ventricular fibrillation was admitted to CCU after cardiac arrest 10 days post normal delivery. She was complaining on effort dyspnea a week before admission.

On arrival the patient was unconscious. An ECG revealed sinus tachycardia of 110<sub>bpm</sub>. Two-D Echocardiography demonstrated global reduced left ventricular function. Brain CT and coronary arteriography were normal. There was no evidence of pulmonary embolism on chest CTA. Serum markers of acute coronary syndrome were negative. Therapy included artificial respiration and hypothermia. The patient fully recovered after one week, and an AICD was successfully implanted.

Case 2: A 28 year old woman was admitted to CCU, in her last trimester of pregnancy, because palpitations and dyspnea. Her ECG documented non-sustained ventricular tachycardia with LBBB pattern and right axis deviation. The arrhythmia was abolished by Carvedilol and Quinidine. Echocardiogram revealed moderate global reduced left ventricular function. After 6 days she was discharged home under anti failure therapy with normal sinus rhythm.

### **Conclusions:**

Although PPCM is quite rare clinical entity, ventricular arrhythmias as the presenting symptoms are quite common. Women with dyspnea towards the end of pregnancy or immediate post-delivery should be carefully evaluated for the possible presence of PPCM.