



האיגוד הישראלי לכירורגית לב וחזה  
THE ISRAEL SOCIETY OF CARDIOTHORACIC SURGERY

האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



The 60<sup>th</sup> International Conference of the Israel Heart Society  
in association with the Israel Society of Cardiothoracic Surgery

22-23 April 2013, ICC International Convention Center, Jerusalem

Cardiology Department  
HaEmek Medical Center  
Affiliated to the Rappaport Faculty of Medicine  
Technion-Haifa, Israel



# Peripartum Cardiomyopathy Presented as Malignant Ventricular Arrhythmias

Malka Yahalom<sup>1</sup> • Mohamed Jabaren<sup>1</sup>  
Limor Ilan-Bushari<sup>1</sup> • Ehud Rozner<sup>1</sup>  
Yardena Drori<sup>1</sup> • Yoav Turgeman<sup>1,2</sup>

<sup>1</sup> Cardiology Department, Ha'Emek Medical Center, Israel

<sup>2</sup> Rappaport Faculty of Medicine, Technion, Israel



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## ***DISCLOSURE OF INTERESTS***

There is no conflict of interests related to the study.

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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%) presented with malignant ventricular arrhythmias.

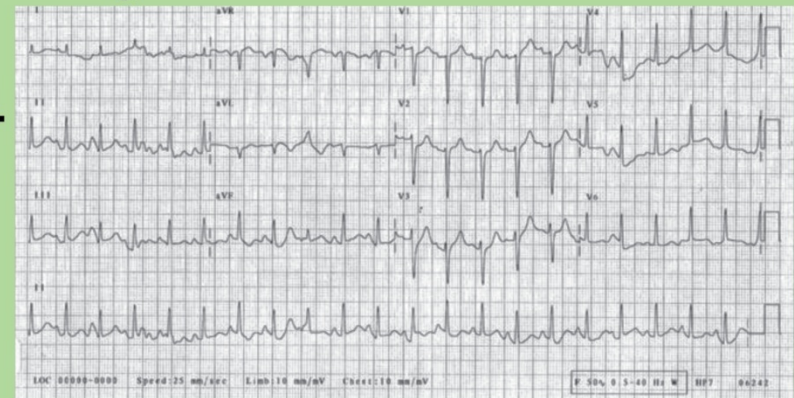


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## CASE 1 (1)

- ◆ 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 110bpm.
- ◆ 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.



ECG on Arrival



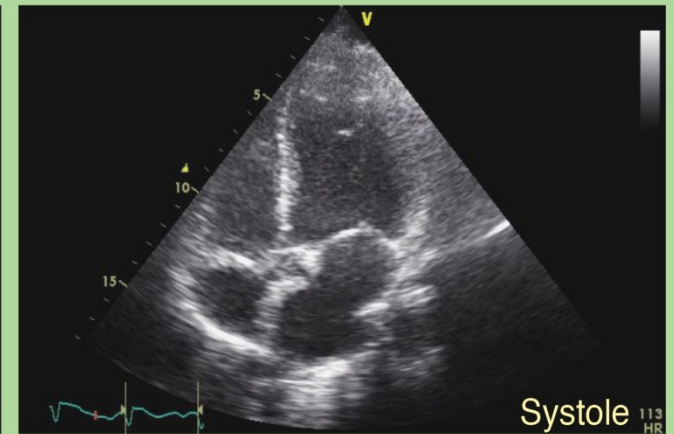
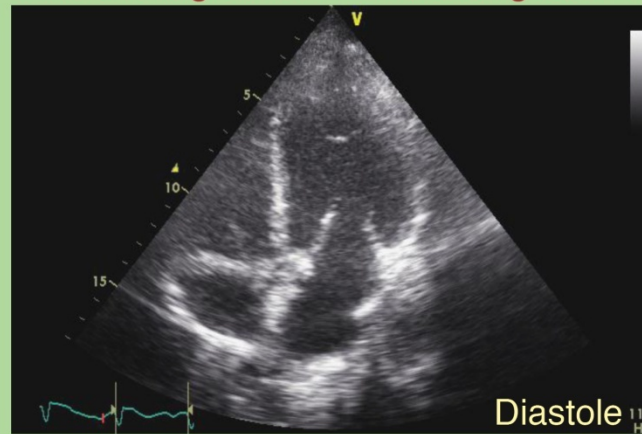
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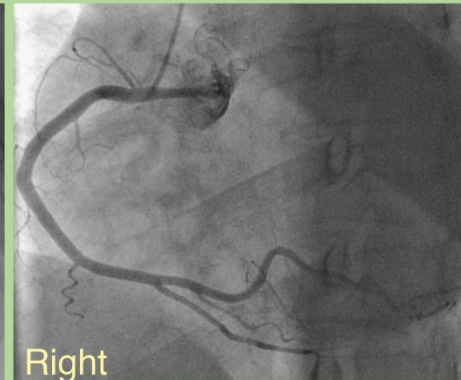
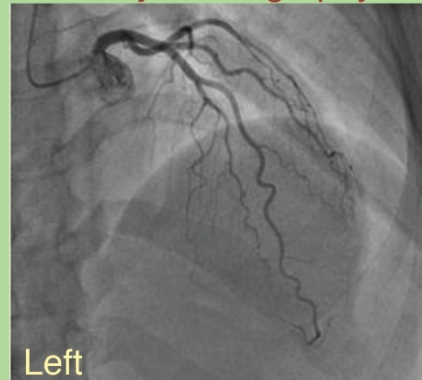
## CASE 1 (2)

◆ Therapy included artificial respiration and hypothermia. The patient fully recovered after one week, and an AICD was successfully implanted.

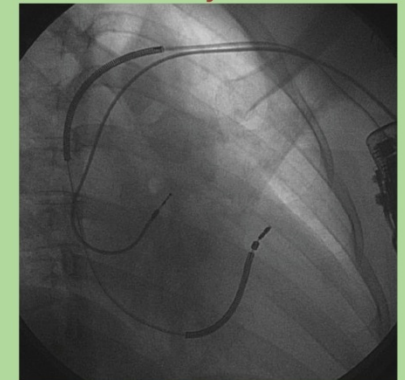
Echocardiogram demonstrated global reduced left ventricular function.



Coronary arteriography was normal.



Caest X-Ray & AICD





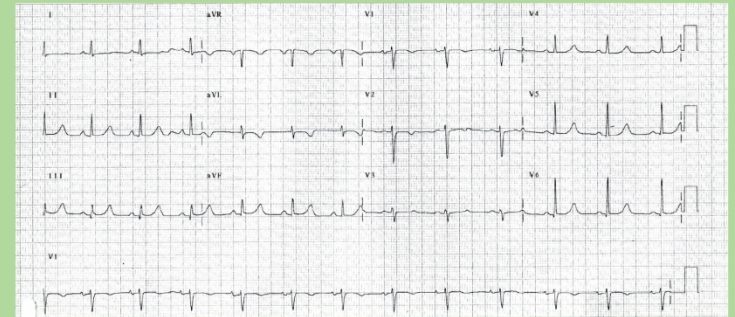
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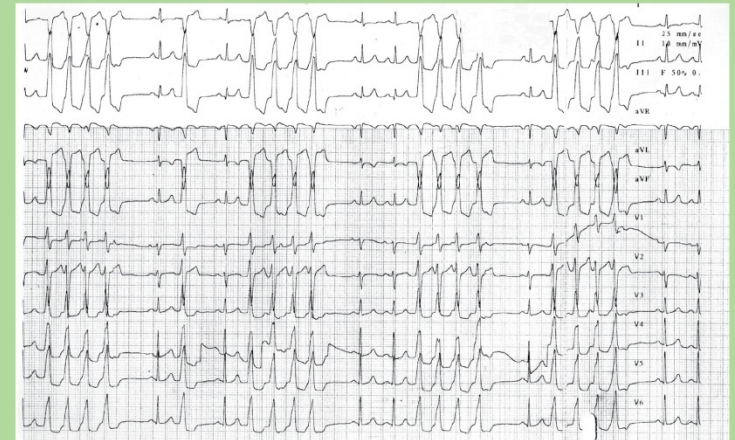
## CASE 2

- ◆ A 28 year old woman was admitted to CCU, in her last trimester of pregnancy, because of 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.

ECG of PPCM patient



ECG on Admission with NSVT





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## **CONCLUSIONS**

- ◆ **Although PPCM is quite a rare clinical entity, ventricular arrhythmias as 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.**