A case of prosthetic valve thrombosis in pregnancy
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Objective
Effective anticoagulation is critical in patients with mechanical prosthetic heart valve (MPHV) but poses dilemma in cases such as pregnancy. Pregnant women with a mechanical heart valve are at a higher risk of thromboembolic complications. The optimal anticoagulation strategy remains unclear.

Methods
Case report.

Results
We report the case of a 24 year old pregnant woman at eight weeks’ gestation with a prosthetic valve under therapy with enoxaparin 60 mg/day who came to the emergency department with ischemic cerebral infarction. The echocardiogram performed at hospital admission revealed a severe mitral prosthesis thrombosis. Intravenous heparin was started. The patient switched to warfarin at 16 weeks of gestation. Four weeks later, the patient revealed a new ischemic cerebral infarction, and restarted perfusion of intravenous heparin. She was closely followed up and taken care of by a multidisciplinary approach. At 25 weeks was diagnosed intrauterine growth restriction, and at 29 weeks the evidence of placental infarction was detected. The labour induction was decided due to the IUGR and placental lesions, although the patient suffered from a sudden onset of headache and slightly lowered consciousness. An urgent cesarean section under general anesthesia was performed, giving birth to a female baby weighing 990g. Computed tomography of the brain showed intracerebral hemorrhage in the parietal lobe with uncal herniation, due to a hemorrhagic transformation of a new ischemic cerebral infarction. She underwent a percutaneous mechanical thrombectomy and an urgent craniotomy and removal of the hematoma. Currently, her left hemiparesis and sensory aphasia persisted, and was transferred to another service for further rehabilitation. Although, we need to be aware to the possibility of a new intracerebral hemorrhage or a new cerebral infarction. The placental histological findings were associated with a abnormal placentation and consequential chronic uteroplacental malperfusion. The newborn was discharged home on the first month of life weighing 2110 g.

Conclusion
This case of early pregnancy MPHV thrombosis emphasized the importance of adequate initial coagulation. The options for anticoagulation during pregnancy and for management in the event of valve thrombosis are unclear, however a discussion of the various risks and benefits with the patient is necessary, as well as a multidisciplinary team approach is essential.