Results

Case report – Paroxistic supraventricular tachycardia

Gravida 32+4 weeks diagnosed of fetal tachyarrhythmia in the cardiotocograph was send to our High Risk Pregnancy Unit. The scan reported a reentrant supraventricular tachycardia. The echocardiography showed a tachycardia of 270bpm, maintained, and an atrium-ventricle (A/V) interval smaller than the V/A interval. The patient did not present any disease so we decided to initiate an antiarrhythmic drug: Digoxin.

At 33 weeks gestation, a control scan showed fetal ascites and subcutaneous edema. We decided to introduce a second drug: Flecainida with a positive result. At 35+6 weeks gestation, the tachycardia persisted at 200-210bpm, but there were no signs of cardiac insufficiency, only a predominant right side cardiomegaly. At 36+5 weeks, a cesarean section was performed. The newborn had a normal heartbeat (150lpm). The physical exploration determined a normal ventricular function and a regular rhythm. The neonate has not presented any other episode since then. Images represent fetal and neonatal period.

Conclusion

Paroxysmal supraventricular tachycardia is a common type of arrhythmia with favorable neonatal outcomes. The importance of prenatal diagnosis of this arrhythmia is based in an effective in utero therapy. The possibility of detecting the abnormality and treating the fetus promptly implies a higher neonatal survival rates.