Two cases of pulmonary embolism associated with hyperemesis gravidarum
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Objective
Pulmonary embolism (PE) is a major cause of death during pregnancy or in the puerperium. The haematological changes in pregnancy creates a prothrombotic milieu. Hyperemesis gravidarum is one of the recognised risk factors for venous thromboembolism. The updated RCOG guideline also lists hyperemesis as a risk factor for thrombosis.

Methods
We report two cases of PE associated with severe hyperemesis gravidarum.

Results
A 36-year-old woman with a history of rheumatoid arthritis and one previous cesarean section presented to a tertiary care hospital at 6 weeks of gestation with a complaint of persistent vomiting for 5 days. Her body mass index was 32 kg/m2. The pregnancy was achieved by in vitro fertilization. Urinary tract infection was diagnosed in her urinalysis and oral antibiotic treatment was started. She was then discharged from the hospital. After 10 days, she had shortness of breath and sudden onset chest pain. The patient had a cardiac arrest in the ambulance whilst being transported to the emergency department and died subsequently. A 31-year-old woman was admitted to the emergency room with shortness of breath. Chest examination revealed rales on bilateral lung fields and she was diagnosed of acute bronchitis and discharged after 3 hours of hospitalization. She was also suffering from vomiting for about one month prior. Just half an hour after being discharged, she was readmitted to the emergency department cyanotic and unconscious. Unfortunately, resuscitation was unsuccessful.

Conclusion
Hyperemesis gravidarum aggravates the prothrombotic risk in pregnancy. Consideration of other risk factors like maternal age, infection, hospitalization, obesity, pregnancies with assisted reproduction methods should alert the clinicians to the synergistic effects of these prothrombotic risk factors. Admission for rehydration and thromboprophylaxis might have prevented these deaths. Antithrombotic recommendations are based on an individual risk assessment for thromboembolism. Thromboprophylaxis should be considered when a pregnant woman of any gestation suffers from persistent vomiting, as dehydration is a significant risk factor for PE. Turkey has achieved remarkable progress in decreasing maternal mortality ratios in recent years. MMR has decreased because of many targeted interventions like national health policy changes, educational programs for health care professionals and many female-focused health programs. Pulmonary embolism is one of the leading causes of death in pregnant women. Given the low awareness and practice of thromboprophylaxis among obstetrician and gynecologists in Turkey, the thromboprophylaxis guideline suggested by military of health in all pregnant and postpartum women should be employed.