A case of ductus arteriosus restriction
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Objective
Our main objective is to review the ductus arteriosus restriction based on a clinical case we had and the literature about it.

Methods
Case report and a literature review of ductus arteriosus restriction.

Results
We report a case of a terciaparous 32 weeks pregnant women hospitalized for cholelithiasis in treatment with paracetamol, metamizole, meperidine and parenteral nutrition. We found in an ultrasound examination a right ventricle hypertrophy with moderate trichuspid insufficiency and an aneurismatic oval foramen that were not present in previous ultrasounds. Following those signs we could discard an aortic coarctation by a normal aortic arch, a pulmonary artery stenosis with a pulmonary artery, aorta and cava with the same diameter and we found a kinking sign in the ductus arterious and a IP < 1 with an increased systolic velocity. According to literature, we diagnosed a mild ductus arteriosus restriction and we decided to stop pharmacologic treatment with paracetamol and metamizole. After 24 hours the IP was normal. The hypertrophy and trichuspid insufiency persisted but improved after a week. At 35 weeks, due to a lack of pain control paracetamol was given again to the patient and another ecocardiography was performed. The IP was normal but the systolic velocity increased. We suspected a worsening and an induction of the labour with dinoprostone was performed. A fetus with a normal weight and APGAR 9/10/10 was born by an eutocic delivery. The newborn presented a mild pulmonar hypertension that did not need any further treatment and resolved after a month.

Conclusion
It is important to have in mind the ductus arteriosus restriction caused by farmacologic treatments that inhibit prostaglandines such as NAIDs, corticoids, etc. If suspected or diagnosed, it is it important to stop the treatment and control it. If there is a clousure or a lack of improvement it may be necessary to end the pregnancy. Guide signs that we can find in an ultrasound can be right ventricl hypertrophy with trichuspid insufficiency and aneurismatic oval foramen.