A case of acute myocardial infarct complicating pregnancy

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Objective
To present the clinical course and treatment of a pregnancy complicated with acute myocardial infarct (AMI). AMI is a rare complication encountered during pregnancy. Although diagnostic and treatment modalities are not different from general population, management of pregnancies remains challenging.

Methods
This is a case report.

Results
A 24-year-old patient (gravida: 2, para: 1) was referred to our unit with the diagnosis of acute myocardial infarct (AMI) complicating pregnancy. At 27 weeks’ gestation, she was admitted at the emergency ward with acute onset of chest pain. Elevated ST on the anterior derivations and cardiac enzymes were detected. Echocardiography revealed ejection fraction of 30%. Coronary angiography was performed, and 100% thrombus was detected on LAD. Abciximab was perfused, reportedly. She was referred to our center for intensive care and possible indication for delivery of the fetus at 31 weeks’ gestation. She had dyspnoea and orthopnoea upon admission. She was given metoprolol, low molecular weight heparin and clopidogrel during follow up. Because of recurrent episodes of chest pain and worsening dyspnoea, indicated preterm delivery was decided. Course of antenatal betamethasone was completed. Caesarean section at 32 weeks was performed and a neonate weighing 2200 gr was delivered with Apgar score at 5 minutes of 9. The neonate was admitted to the neonatal intensive care unit and went on very well without any prematurity complications.

Conclusion
The incidence of AMI during pregnancy is about 1.1-6.2/100,000 pregnancies. It is mostly encountered during the third trimester or postpartum period. It is generally assumed that, pregnancy, itself is not a risk factor for AMI. But, mortality rates are higher when compared with general population. Management decisions regarding route of birth are dependent on obstetrical factors. Cesarean section has the advantages of planned birth and avoidance of prolonged labor durations.