

A case of congenital atrio ventricular block AVB in pregnancy

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Objective

Abstract Complete atrioventricular block (AVB) is rare during pregnancy. Congenital atrioventricular block is the most common type of heart block in this group of patients. About one-third of female patients with complete AVB remain asymptomatic until adulthood and may be first diagnosed during pregnancy. There are no established guidelines for clinical management of the AVB in pregnancy. Although it is asymptomatic if a patient with AVB has complaints such as recurrent syncope and heart failure, permanent pacemaker recommend. In our case, we presented pregnant women with AVB that was not need a permanent pacemaker.

Methods

Introduction We present a case of a 26-year-old woman with complete congenital AVB at 18 weeks of gestation (gravida 1, para 0). She suffered from congenital AVB gr 2, discovered 5 years before, due to unexplained fatigue and dizziness. There was no feature in resume and family history. Heart rate was 58/min in her electrocardiography, and it had a second-degree atrioventricular block. Maximal heart rate was 65/min, minimum was 42/min, and average heart rate was 55/min in her Holter ECG. There was no distinct pathology in laboratory results. During all the pregnancy she had no need of Pacing and no symptoms related with the pathology. At 38 weeks we did a Cesarean due to cephalo pelvic disproportion. She presented complete AVB, heart rate 60/min. We performed general anesthesia and a multidisciplinary team was ready to intervene. During the cesarean everything went without complications and no need of cardiac intervention was needed.

Results

Vaginal delivery is not associated with extra risk in a pregnant patient with congenital complete AVB and the majority of women who do not require permanent pacemaker before delivery can undergo labor without temporary pacing. However, when the escape rhythm is relatively slow, concerns about fetal health may be present. According to the European Society of Cardiology (ESC)/European Society of Anaesthesiology (ESA) guidelines on non-cardiac surgery, pre-operative establishment of cardiac pacing (temporary or permanent) may be appropriate in patients with complete heart block or symptomatic asystolic episodes.

Conclusion

Conclusion The finding of AVB is rare in pregnancy. AVB may be asymptomatic and may present with various symptoms such as weakness, dizziness, exercise intolerance and heart failure. ECG finding of AVB can give information about the process of disease. Permanent cardiac pacing is not recommended for protection in asymptomatic patients, but it is recommended for treatment in first and second trimester in symptomatic patients.

