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TITLE

PREECLAMPSIA, PERIPARTAL CARDIOMYOPATHY AND PULMONARY OEDEMA IN TRIPLET PREGNANCY A CASE REPORT

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ABSTRACT

Context

Multiple gestations are associated with significantly increased risks of maternal and neonatal morbidity compared with twin and singleton gestations. The rate of triplet pregnancies has increased due to medically assisted conception, particularly in vitro fertilization (IVF). Half of triplet pregnancies develop preeclampsia. Peripartal cardiomyopathy (PPCM) and pulmonary oedema are rare but life threatening complications in pregnant women with preeclampsia and it has been more often in multiple gestations.

Objective

We report a case of antenatal severe pre-eclampsia and PPCM which was complicated by postpartum pulmonary oedema.

Case

A 38-year-old patient, primigravida with 33 weeks of triplet pregnancy after IVF, underwent a C-section because of the symptoms of severe pre-eclampsia and PPCM. After the operation she developed acute respiratory failure due to pulmonary oedema and has been admitted to the ICU where she was intubated and mechanically ventilated. During the 3 day stay in the ICU she was treated with digoxin and furosemide. On the 3rd postoperative day she was extubated and without clinical symptoms of respiratory failure.

Conclusion

Triplet pregnancies carry high risk of maternal and neonatal morbidity and some of them may be life threatening like postpartum pulmonary oedema as a consequence of severe preeclampsia and PPCM. Early diagnosis and management is very important for the survival of the patient.

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