

A miracle survivor of massive pulmonary embolism post embolectomy in pregnancy

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ABSTRACT

Introduction: Pulmonary embolism (PE) is a significant acute cardiovascular event with high mortality rate. Management could be challenging, especially in pregnancy. Most patients ultimately die within the first hours of presentation, thus early diagnosis is of paramount importance. We present a miracle case of massive pulmonary embolism in early pregnancy who survived post embolectomy. **Case Description:** A 34-year-old, G4P3 at 9 weeks POA presented with gradual increase of breathlessness, reduced effort tolerance and central chest pain for 3 days. She had loss 11 kg of her body weight within 2 weeks due to her excessive nausea and vomiting in early pregnancy. Upon assessment, she was noted to be tachycardic and tachypnoeic. Her thyroid function test was deranged significantly and treatment was initiated. An urgent CTPA revealed right and left main trunk pulmonary artery embolism. ECHO showed RV was dilated with LVEF of 50%. Emergency pulmonary embolectomy was done and intra operatively, blood clots at the main vessel in pulmonary artery was removed. A week later, her pregnancy ended up with missed miscarriage and ERPOC was performed. After 40 days in the ward, she was discharge well. Investigation for APS were not significant, however thyroid storm with severe dehydration was the possible diagnosis of her pulmonary embolism. She has completed 6 months warfarinization. **Discussion:** Thyroid disorder carry risk of hypercoagulable state in pregnancy and predispose to embolism formation. Other risk factors include hyperemesis gravidarum and immobilisation. Vigilance and a high suspicion index of embolism should be emphasized in early pregnancy with hyperemesis gravidarum to expedite anti-coagulant treatment.

Comparing peri-operative outcomes in robotic assisted and 3D laparoscopic gynaecological surgery: Sharing our early experience

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ABSTRACT

Introduction: Minimally invasive gynaecological surgery is becoming popular, with the emerging laparoscopy advances tackling many of conventional laparoscopy limitations. The use of robotic in gynaecological surgery is slowly gaining popularity in Malaysia. The robotic system has the main advantage of an articulating wrist which makes it easier for suturing and accessing deep structures in addition to the 3-dimensional vision system. However, robotic surgery is much more costly compared to the cost of 3D laparoscopy surgery. **Objectives:** Comparing the perioperative complications and outcome between 3D laparoscopy surgery and robotic surgery available in our centre for benign gynaecological surgeries. **Methods:** A retrospective cohort study of all patients who had robotic or 3D laparoscopic for benign gynaecology condition between April 2019 to November 2020 at Hospital UiTM Sg Buloh and UiTM Private Specialist Centre. **Results:** A total of 13 patients underwent 3D laparoscopy and 10 underwent robotic assisted surgery. We found that there were no significant differences in peri-operative outcomes between both groups. However, with 3D laparoscopy, the estimated blood loss is higher despite shorter duration of operative time. Complexity of cases varies in between patients, which may contribute to the outcome. And the cost of robotic surgeries was significantly higher than 3D laparoscopy. **Conclusion:** There were only slight differences between the perioperative outcomes of the 2 groups. With the high cost of robotic surgery compared to 3D laparoscopy which did not include the cost of acquiring the system and training, the future of robotic surgery in gynaecology remains limited.