

Pregnancy outcomes in congenital heart disease with pulmonary hypertension

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ABSTRACT

Introduction: Maternal mortality in women with pulmonary arterial hypertension and heart disease (PAH-CHD) remains high in pregnancy. Reported maternal deaths for pregnant women with pulmonary arterial hypertension is 5-56%. We aim to review maternal and fetal outcomes in patients with pulmonary arterial hypertension and congenital heart disease (PAH-CHD) identified from our registry. **Methods:** Retrospective review of pregnant women with pulmonary arterial hypertension and congenital heart disease (PAH-CHD) that delivered in Hospital Sultanah Bahiyah over 8 months duration between October 2021 to May 2022. Patients with confirmed PAH-CHD based on echocardiographic assessment or right heart study were enrolled. **Results:** There were 8 patients with PAH-CHD. 7 (85%) delivered and 1 (12.5%) required termination of pregnancy. Mild pulmonary hypertension was seen in 4 patients PASP <50 mmHg (50%) while 4 patients had severe pulmonary hypertension, PASP >70 mmHg (50%). Major cardiac event like heart failure occurred in 2 patients (25%). One patient developed pulmonary embolism (12.5%). Caesarean section was performed for 6 patients (75%), 2 (25%) as elective for severe pulmonary hypertension and 4 (50%) as emergency due to fetal distress. Complications in pregnancy included preterm delivery 4 (50%). There were no miscarriages, fetal or neonatal mortality. No maternal mortality was observed. 4 infants (57%) had PDA and PFO detected. **Conclusion:** Pregnancy in patient with pulmonary arterial hypertension and congenital heart disease is possible. Our study shows favourable outcome with 85% who delivered with no maternal or neonatal mortality. Larger studies are required to determine the exact pregnancy-related risk in PAH-CHD.

Pustular Psoriasis of pregnancy occurring in the first trimester: A case report

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ABSTRACT

Background: Pustular psoriasis is a rare dermatosis of pregnancy with typical onset during the last trimester of pregnancy and rapid resolution in the postpartum period. Unlike other pregnancy dermatoses, it can be associated with constitutional symptoms, including fever, rigors, arthralgia and complications of secondary infection and sepsis. In addition, there is an increased risk of fetal anomalies and stillbirth. **Case Description:** We report a case of a 35-year-old lady in her third pregnancy who presented with generalised pustular psoriasis and presents at 12 weeks of gestation with 98% involvement of the body surface area. She had a similar episode of pustular psoriasis in the second pregnancy, which started in the third trimester and resolved three months post-partum. Patient was treated with topical steroids and required oral cyclosporin throughout her pregnancy to control her symptoms adequately. Regular fetal assessment was instituted by the MFM team. She went into spontaneous labour at 36 weeks of gestation and delivered a healthy infant. Review by the dermatology team 3 months postpartum revealed her symptoms had resolved. **Conclusion:** This case illustrates the importance of early detection and instituting appropriate treatment for patients with generalised pustular psoriasis in pregnancy. Both the fetus and mother need to be monitored closely when systemic illness occurs, as there is a risk of stillbirth. Cyclosporin, when used appropriately is effective and relatively safe.