

Recurrent haemoptysis in pregnancy secondary to aneurysmal dilatation of right proximal bronchial artery with unilateral absence of right pulmonary artery: A case report

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ABSTRACT

Introduction: Haemoptysis in pregnancy is uncommon and can be life-threatening. Differential diagnosis is similar to non-pregnant patients which includes infection, pulmonary embolism, haematological dysfunction, bronchial neoplasm, and bronchiectasis. **Case Description:** A 28-year-old, Gravida 2 Para 1 at 29 weeks of gestation with DCDA twin referred for shortness of breath, palpitation and tachycardia. Investigations were unremarkable but CTPA revealed an incidental finding of isolated unilateral absence of right pulmonary artery. A week later she had multiple episodes of haemoptysis. Her haemoglobin level dropped from 10.4 to 8.4 g/dL. Repeated CTPA revealed aneurysmal dilatation at the right proximal bronchial artery with a filling defect in the proximal right main bronchus likely a blood clot or site of bleeding. Multidisciplinary teams were involved. She was treated with anti-fibrinolytic agents and blood products. She had emergency caesarean section for preterm labour, and subsequently the embolization of the right bronchial artery. Embolization was only partially done due to the difficult cannulation of the affected artery. She was discharged on day-4 postpartum and presented on day-18 postpartum with similar symptoms. Repeated CT Pulmonary Angiogram (CTPA) showed unchanged aneurysmal dilatation of the right proximal bronchial artery, with no evidence of active bleeding. The patient was managed conservatively and the symptom self-resolved. **Discussion:** Haemoptysis in pregnancy poses diagnostic and therapeutic challenges and is associated with a high mortality rate hence it requires a multidisciplinary approach to provide the optimum care and management for the patient.

Mitral mechanical heart valve in pregnancy – anticoagulant management during peripartum period and complication: A case series

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ABSTRACT

Introduction: The incidence of childbearing-age women with mechanical heart valve replacement is unknown. However, due to advances in our healthcare, we are seeing more such patients in antenatal care. The true challenge in managing this high-risk pregnancy is to have a balance between the prevention of thrombotic events and avoiding haemorrhagic events, especially during delivery and post-delivery. **Case Description:** In this case series, we are presenting 3 cases of pregnant women who had mechanical mitral heart valve replacement. All of the patients were delivered in our centre. We will highlight the challenges during intrapartum care and any postpartum complications. **Discussion:** Mechanical heart valves in pregnancy are associated with high morbidity and mortality. International and local guidelines address antenatal anticoagulant management. However, there are no proper or specific protocols for intrapartum anticoagulant choice and monitoring. Anticoagulants during delivery are highly associated with the risk of haemorrhage, and intraoperative and anaesthetic complications.