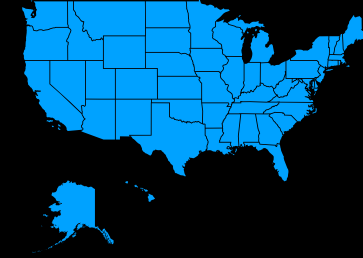


PERIPARTUM CARDIOMYOPATHY

Kathleen Kerrigan, MD, FACOG, FACEP
Assistant Professor UMMS-Baystate



1:2289 to 1:4000



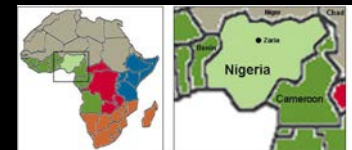
1:1000



1:300



1:100





Criteria for PPCM

- Idiopathic Cardiomyopathy
- Development of Heart Failure
- LV Dysfunction and LVEF less than 45%

European Society of Cardiology Working Group

Etiology

Idiopathic

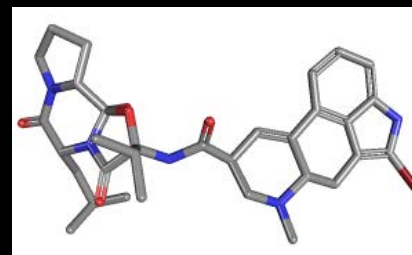
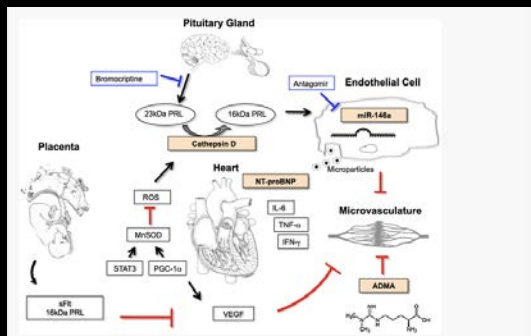
RISK FACTORS

- Age greater than 30 years
- African Descent
- Multiple Gestation
- Pregnancy Associated BP Disorders
- Cocaine
- Longterm Beta Adrenergic Use

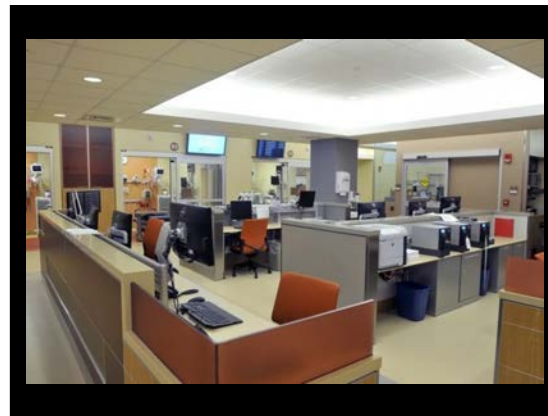
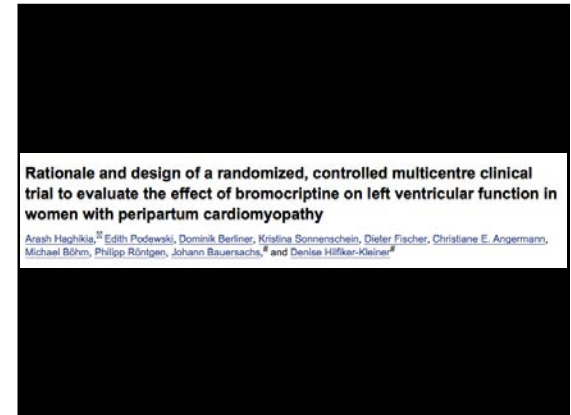
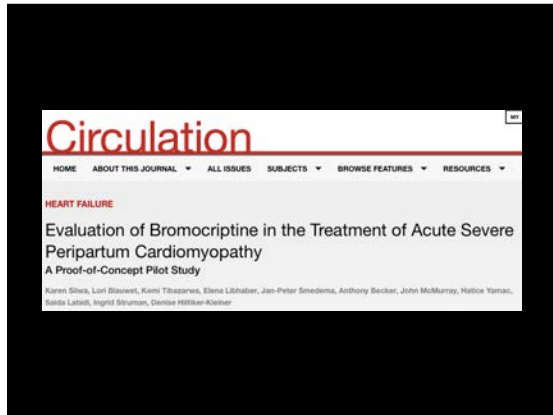
- Angiogenic Imbalance
- Inflammatory Cytokines
- Myocarditis
- Abnormal Immune Response
- Genetic Predisposition
- Hemodynamic Factors



PROLACTIN



Bromocriptine
may be the answer





Dyspnea
Fatigue
Leg Swelling

NORMAL

PPCM

JR





DYSPNEA

“All of the things”

- Pulmonary Embolism
- Pneumonia
- Symptomatic Anemia
- Cardiomyopathy

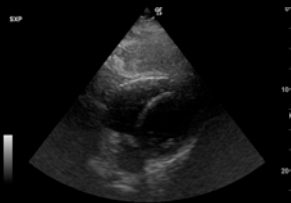


LABS

- WBC=10.9
- Hgb=7.3
- Hct=22
- Plt=250
- ProBNP=341



CT Angio Chest

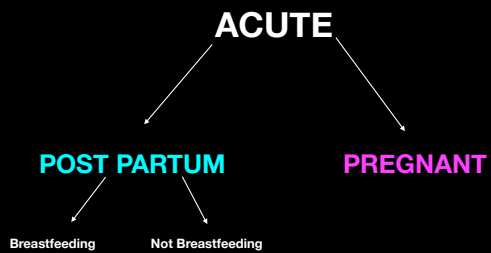


Bedside Ultrasound



Management

- Pregnant
- Post Partum
- Acute
- Chronic



POST PARTUM

- Diuretics
- Beta Blockers
- ACE Inhibitors
- ARB's
- ARNI
- Digoxin

PREGNANT

- Diuretics
- Beta Blockers
- ACE Inhibitors
- ARB's
- ARNI
- Digoxin

OUTCOMES

- Mortality Approximately 10%
- Complete Recovery 20-60%
- Most recover within 6 months

OTHER ISSUES

- ARRHYTHMIAS
- ANTICOAGULATION
- TRANSPLANTATION
- DEVICES

