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Peripartum Cardiomyopathy; An Obstetrician's Ordeal!

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ABSTRACT

Background: Though uncommon in pregnancy, peripartum cardiomyopathy (PPCM) is associated with severe maternal morbidity and mortality. Due to unclear pathophysiology and variable presentation of PPCM, its management remains challenging for physicians.

Methods: This review was conducted to analyze the recent discoveries and advances in the etiopathogenesis, diagnosis and management of PPCM. Online search from January 2000, to December 2021 was performed using Medline data search. 237 relevant publications were retrieved, and 67 studies were included in the review.

Results: Damage to the cardiac myocytes and endothelium by oxidative fragmentation of prolactin and heat shock proteins are suggested as the etiopathogenesis of PCCM. Genetic predisposition for PCCM with a pathogenic mutation with TTN truncations, myosin-binding protein C, lamin A/C, beta-myosin, or sodium voltage-gated channel alpha subunit 5 (SCN5A) was suggested by some authors. PPCM was frequently noted in elderly nullipara women but multiparous women were also identified as at risk by some authors. Preeclampsia, multiple gestation, iron deficiency anemia, gestational diabetes mellitus and obesity were addressed as risk factors for PCCM. Echocardiography remains the imaging modality of choice in these cases. The use of AECG devices (Holter's, external loop recorders and implantable loop recorders) were found beneficial in diagnosis of arrhythmias. Treatment and outcomes were essentially case-specific. A multidisciplinary approach is advisable in all these cases. The role of heart failure therapies, anticoagulants, vasodilator agents, and diuretics was found to be beneficial in most of these patients. In resistant cases, Bromocriptine, inotropic therapy, an intra-aortic balloon pump and left ventricular assist device use has been tried with success. Cardiac transplantation remains the last modality of treatment with variable results. Early diagnosis and prompt management remain the mainstay in the treatment of PCCM.

Conclusions: Identifying women for high risks for PCCM and multidisciplinary approach may aid in early diagnosis and management of these cases and hence outcomes can be ameliorated.

Keywords: Pregnancy, Risk factors, Peripartum cardiomyopathy

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