

LA DONNA GRAVIDA CON
VALVULOPATIA.
LA DIAGNOSI E LA VALUTAZIONE
FUNZIONALE.

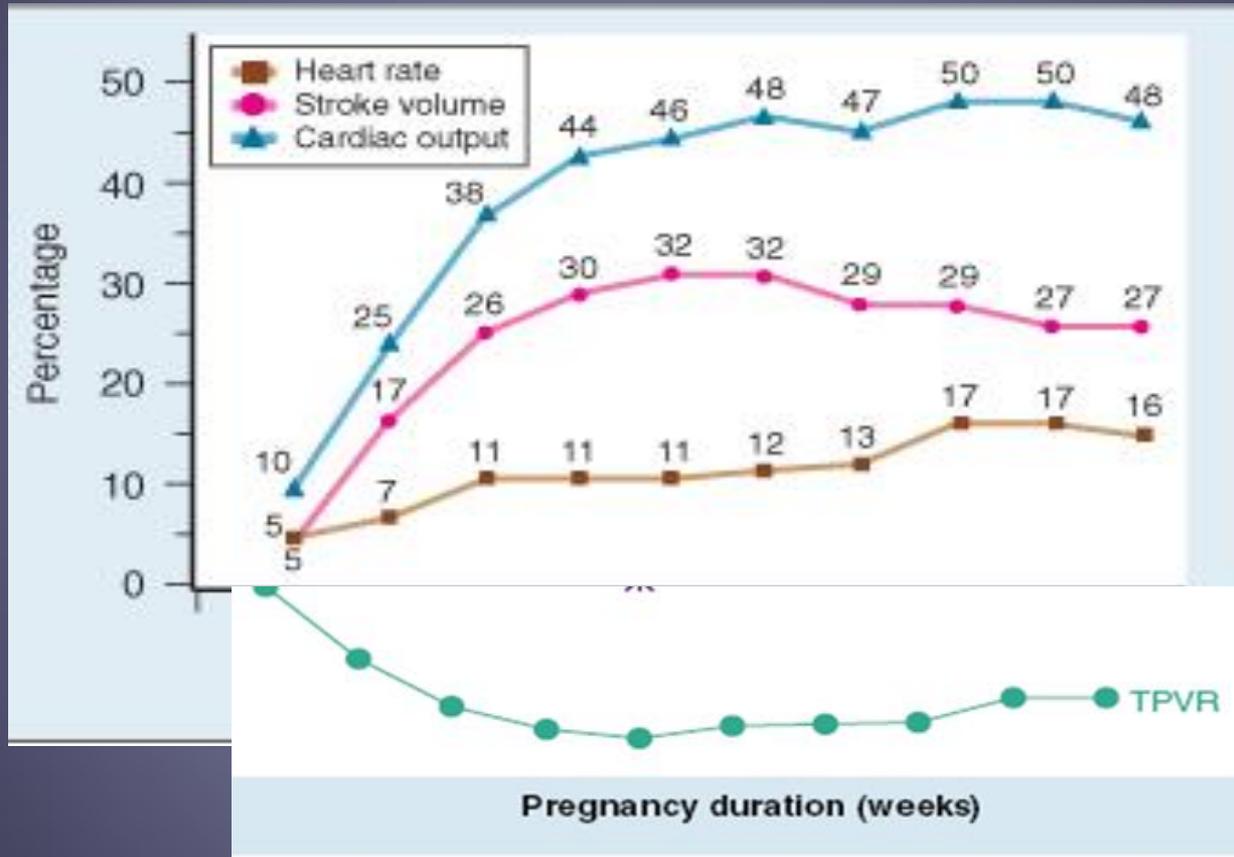
Carla Bonanomi

ECOCARDIOCHIRURGIA 2012

15-17 ottobre 2012

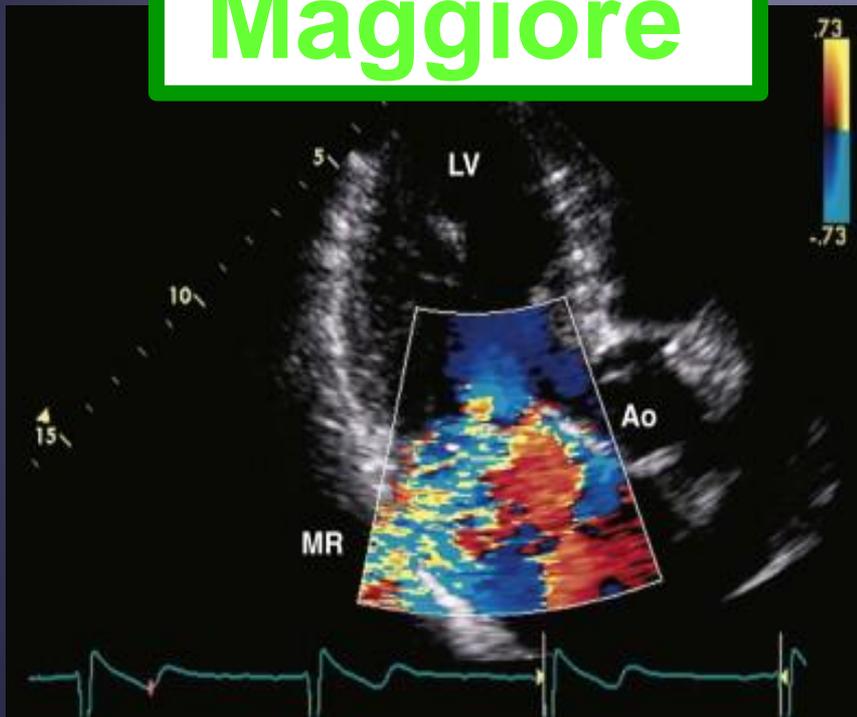


Modificazioni emodinamiche in gravidanza



Tollerabilità emodinamica

Maggiore

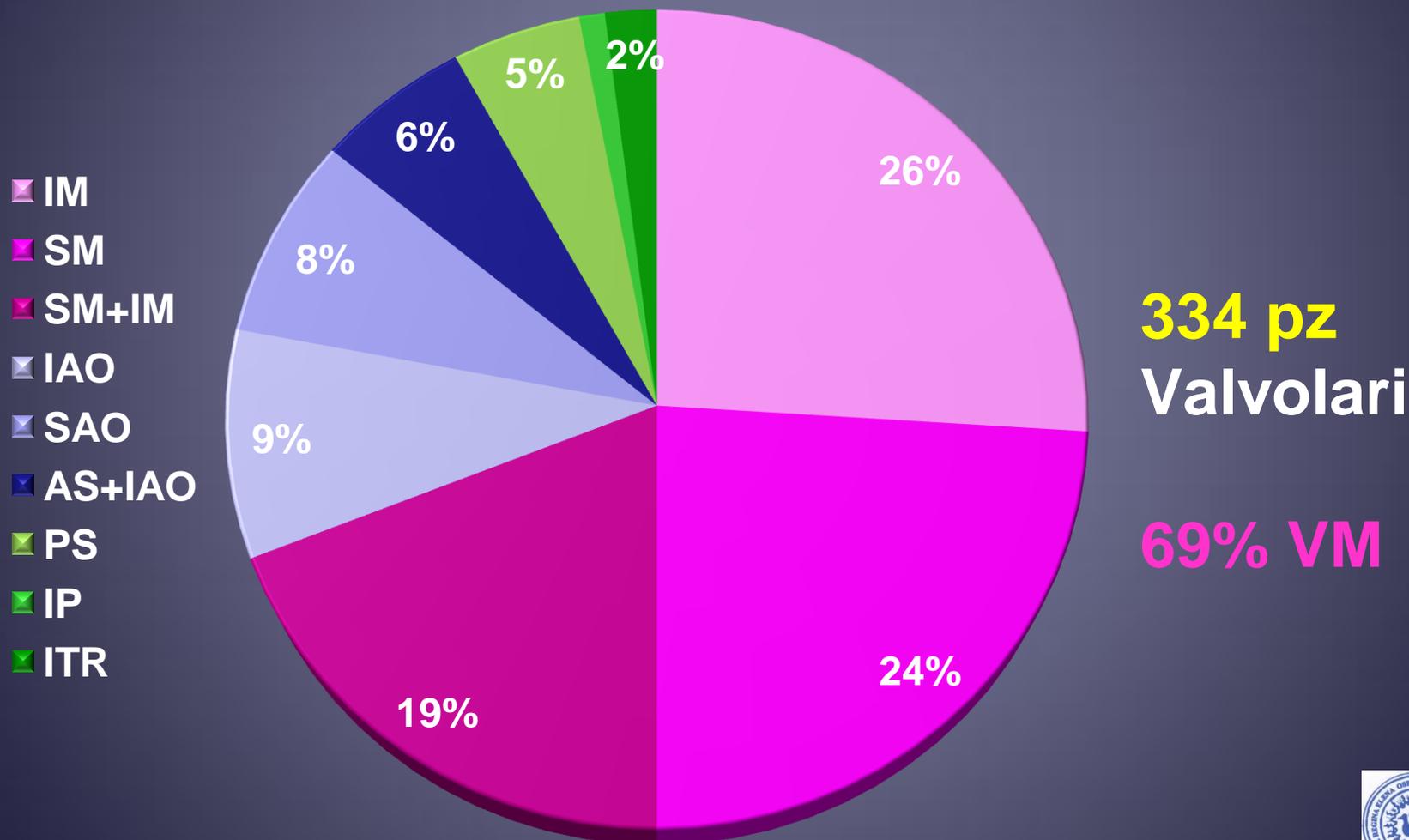


MINORE





Outcome of pregnancy in patients with structural or ischaemic heart disease: results of a registry of the European Society of Cardiology (1321 pts) 2007-2011.



ROPAC investigators; Eur Heart J, sept 2012





Mortalità: 13 casi

1%

Diagnosis	Age	When	Reason
Mitral stenosis	22	35 weeks	Cardiogenic shock
Mitral sten & regurg	33	Delivery (CS)	Heart failure and sudden cardiac death
Mitral regurg	21	2 wks pp	Heart failure
Mech mitral valve	29	12 weeks	Thromboised - no anticoags
Dil CMP	32	5 wks pp	Cardiogenic shock
CMP after antracycline	27	22 wks pp	Arterial thrombus of solo kidney,
Tric regurgitation	19	1 wk pp	Right sided heart failure
Eisenmenger	29	1 wk pp	Acute hypoxia after CS
ASD	30	1 wk pp	Septic shock
Mitral sten and regurg	26	6 wks pp	sepsis
Pulmonary atresia	36	1 wk pp	Brain dead 17 weeks (VF. Vent to 36 weeks
Mitral sten and regurg	29	1 wk pp	brain stem embolization
Pulmonary sten	21		

60% valvolar

40% mitrale



ATTENZIONE alla MITRALE



Take home message



CLASSI DI RISCHIO W.H.O.

I	<p><u>No detectable increased risk</u> of maternal mortality and no/mild increase in morbidity.</p>
II	<p><u>Small increased risk</u> of maternal mortality or moderate increase in morbidity.</p>
III	<p><u>Significantly increased risk of maternal mortality or severe morbidity.</u> Expert counselling required. If pregnancy is decided upon, intensive specialist cardiac and obstetric monitoring needed throughout pregnancy, childbirth, and the puerperium.</p>
IV	<p><u>Extremely increased risk of maternal mortality or severe morbidity;</u> pregnancy occurs term or continues, pregnancy</p>

Take home message

Gravidanza controindicata



CLASSE W.H.O. VI°

Pulmonary arterial hypertension of any cause

Severe systemic ventricular dysfunction (LVEF <30%, NYHA III IV)

Previous peripartum cardiomyopathy with any residual impairment of left ventricular function

Severe mitral stenosis, severe symptomatic aortic stenosis

Marfan syndrome with aorta dilated >45 mm

Aortic dilatation >50 mm in aortic disease associated with bicuspid aortic valve



CLASSE W.H.O. I°

Uncomplicated, small or mild

- pulmonary stenosis
- patent ductus arteriosus
- mitral valve prolapse

Successfully repaired simple lesions (atrial or ventricular septal defect, patent ductus arteriosus, anomalous pulmonary venous drainage).

Atrial or ventricular ectopic beats, isolated



CLASSE W.H.O. II°-III°

Mild left ventricular impairment

Hypertrophic cardiomyopathy

Native or tissue valvular heart disease not considered WHO I or IV

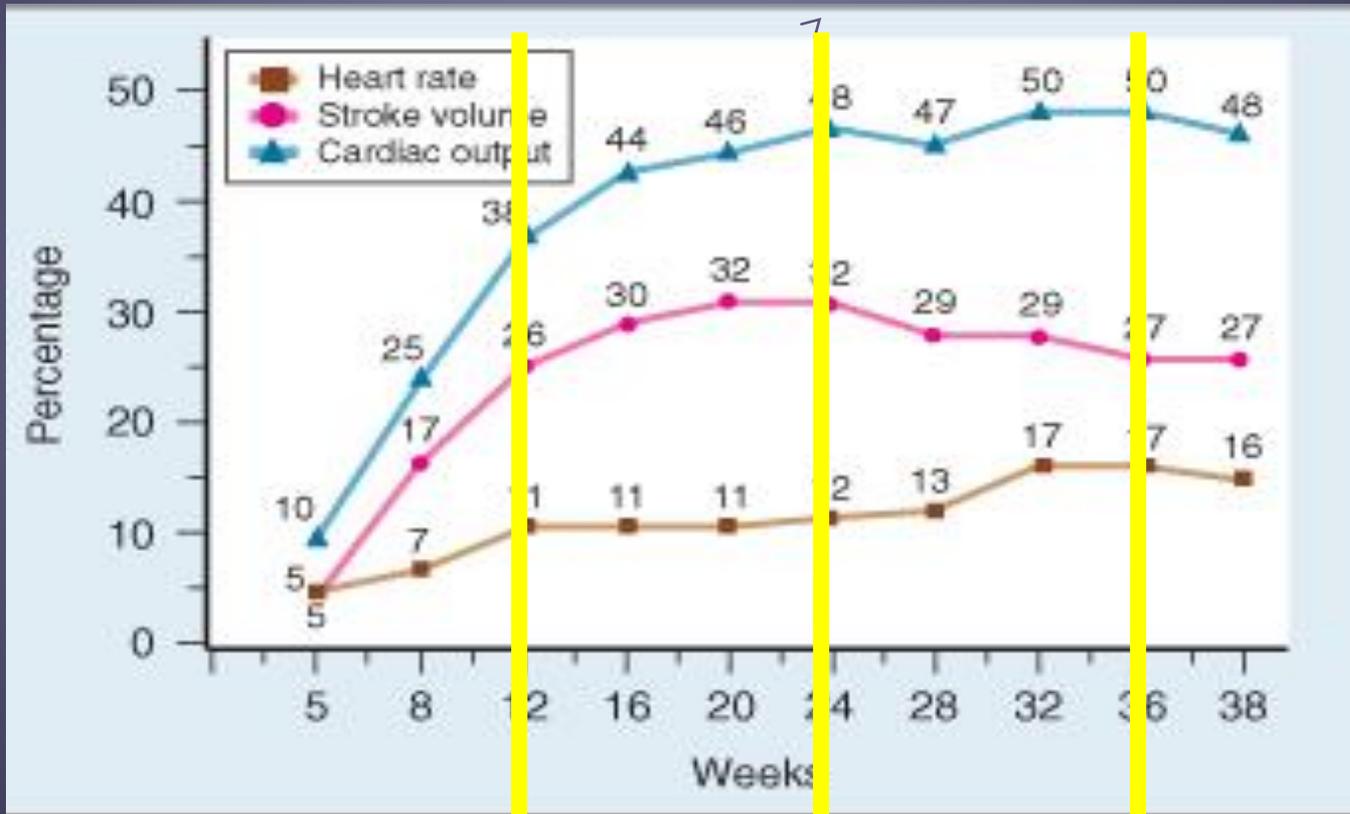
Marfan syndrome without aortic dilatation

Aorta <45 mm in aortic disease associated with bicuspid aortic valve

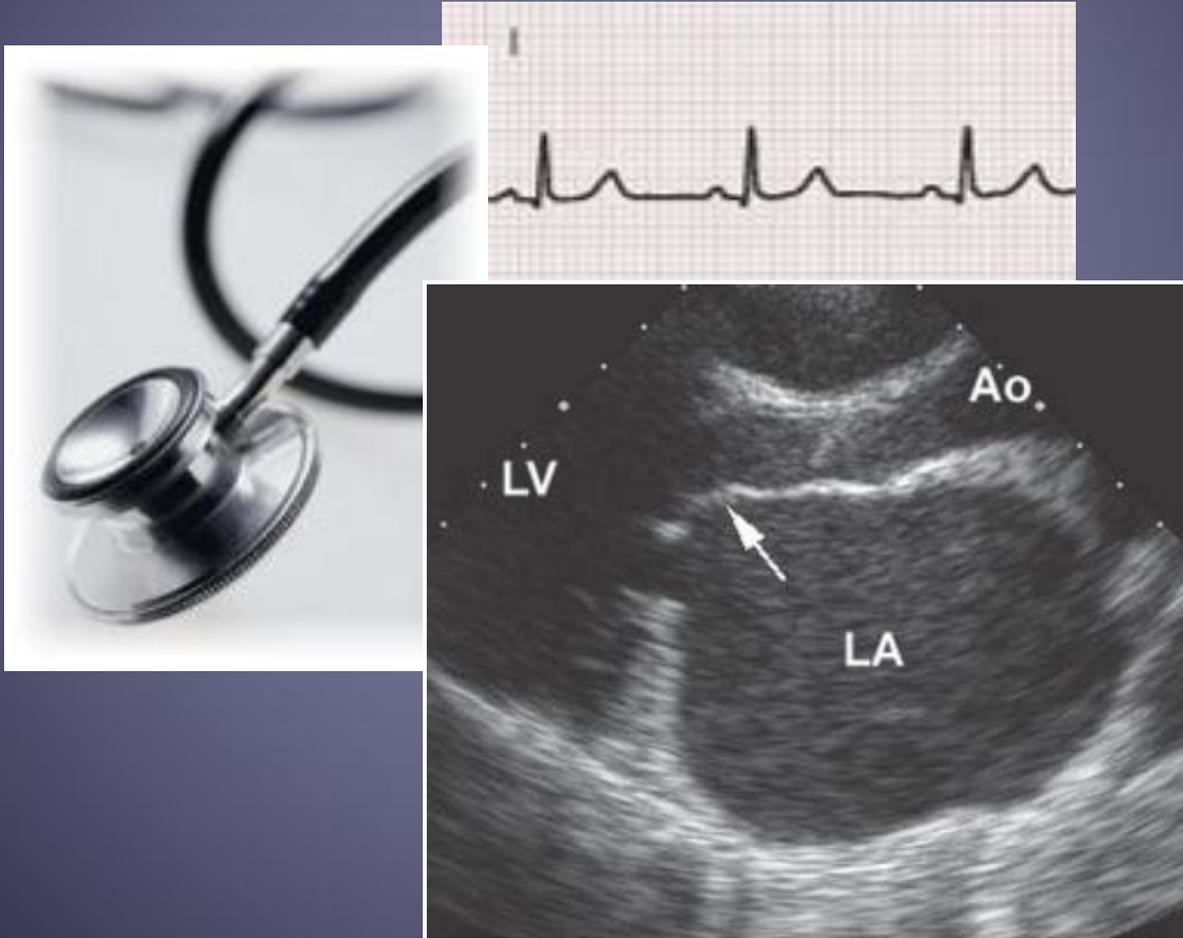
Repaired coarctation



Sorveglianza Materna cardiologica Tempistica



Sorveglianza Materna cardiologica Modalità



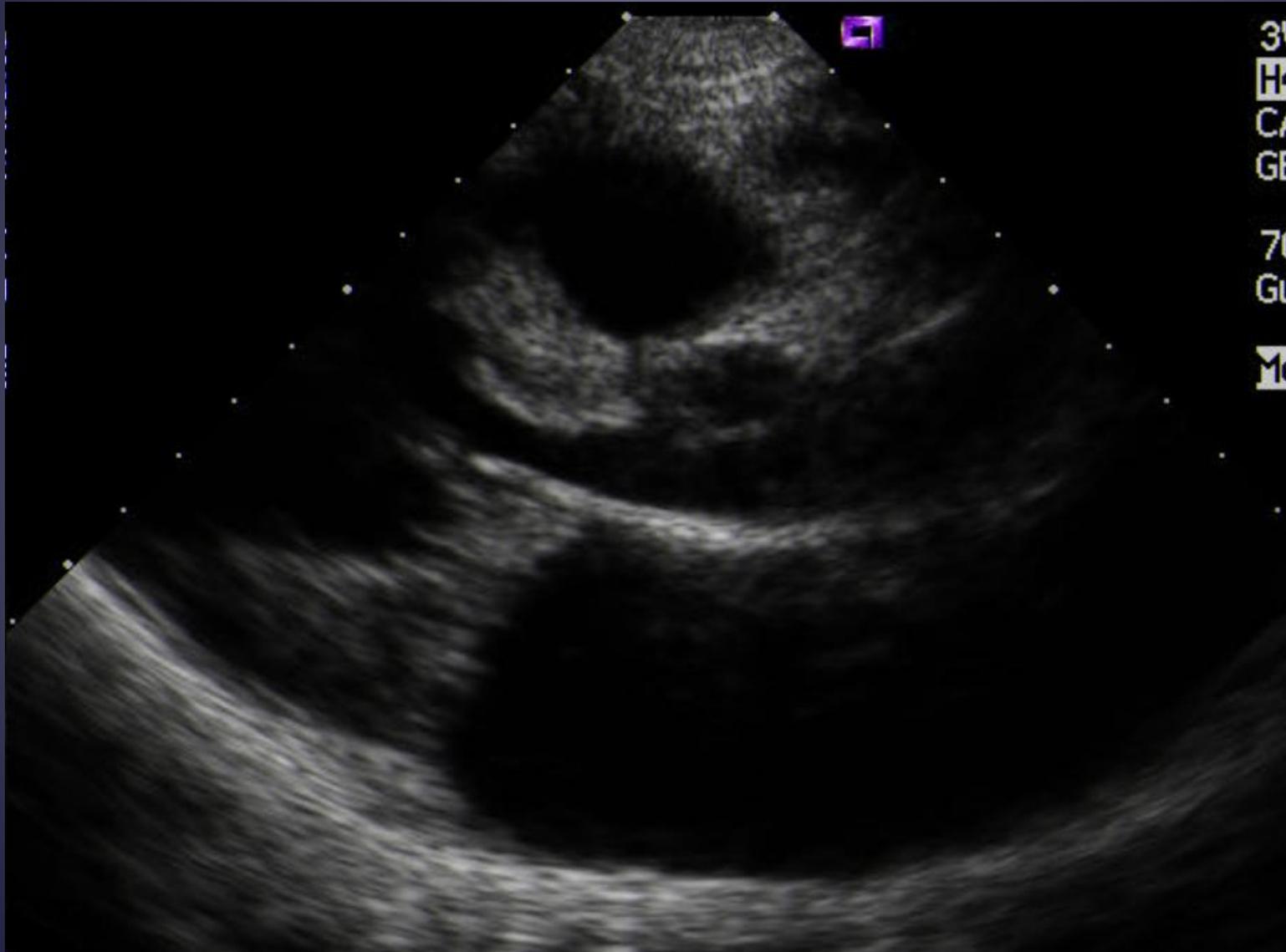
SORVEGLIANZA MATERNA

parametri ECO

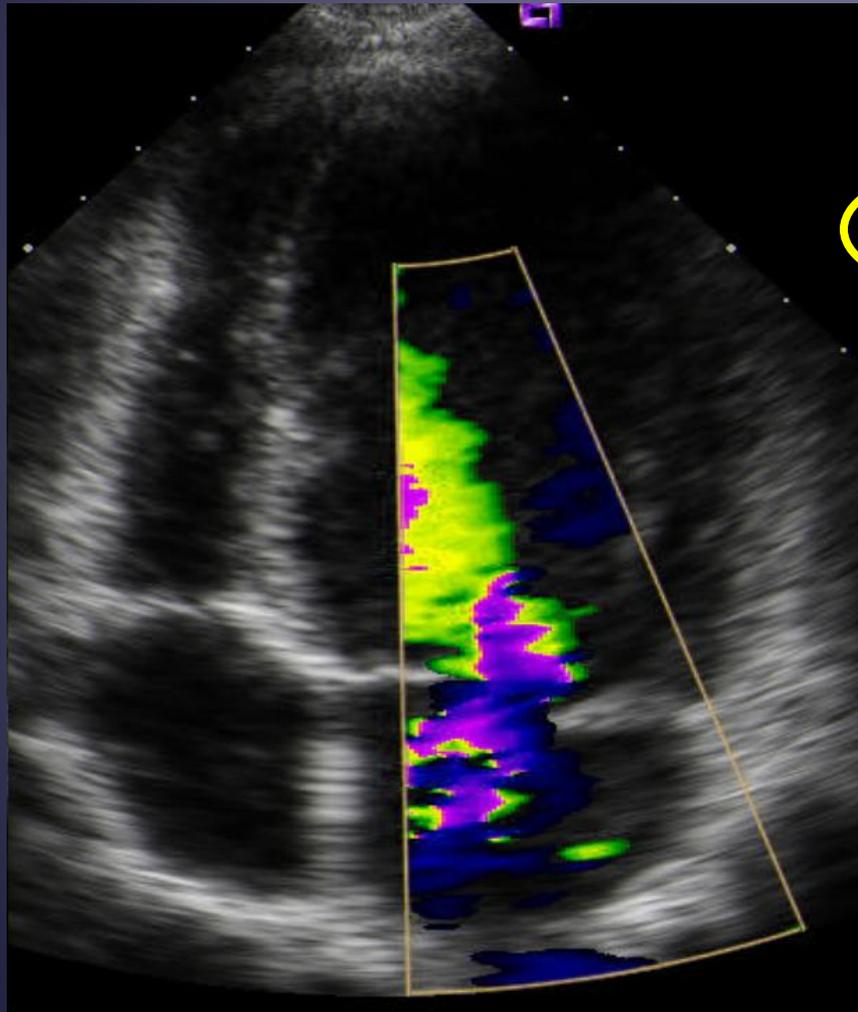
- FRAZIONE DI EIEZIONE
- PAPs
- GRADIENTE TRANSVALVOLARE



T.L.32 aa IM severa WHO III



T.L.32 aa: 36 sett EG



40dB 3·/+1/2/5
Fuoco DC= 97mm
Guad DC= 0dB

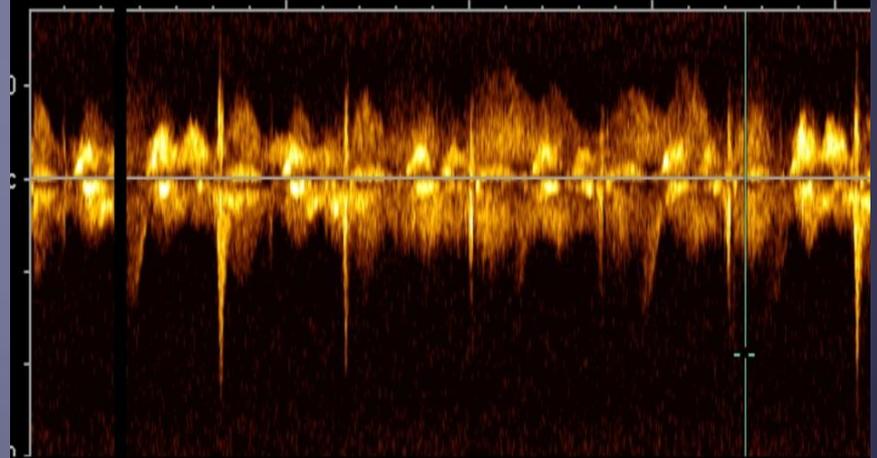
V = -1.90m/sec
GP = 14.4mmHg

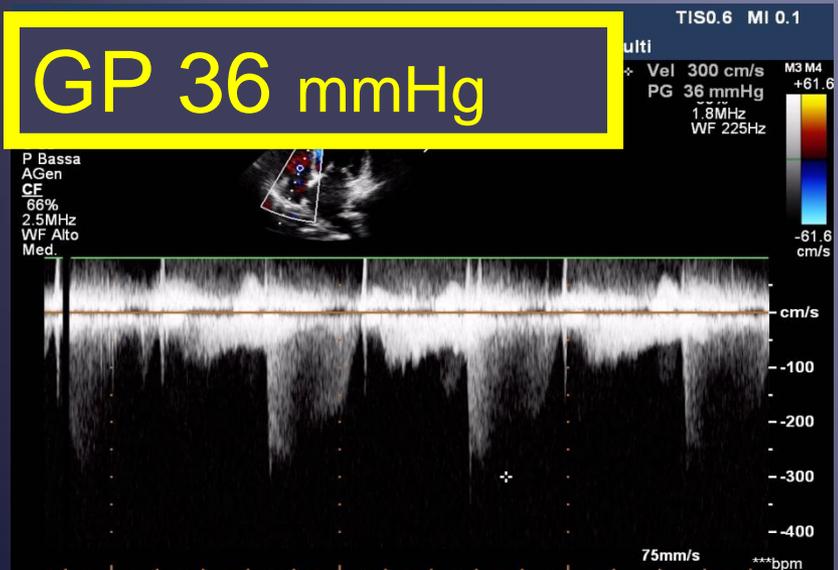
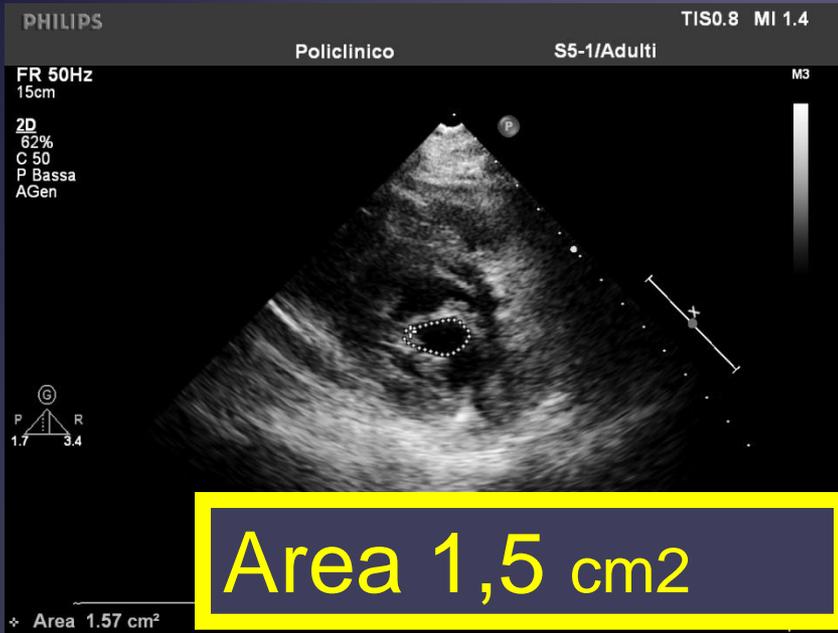
20.0MHz



3V2c-S
H4.0MHz 160m
CARDIO BT
GENERALE /V

Memo in corso
Scorr.=50mm/s





L N. 28 aa

SM moderata

WHO III

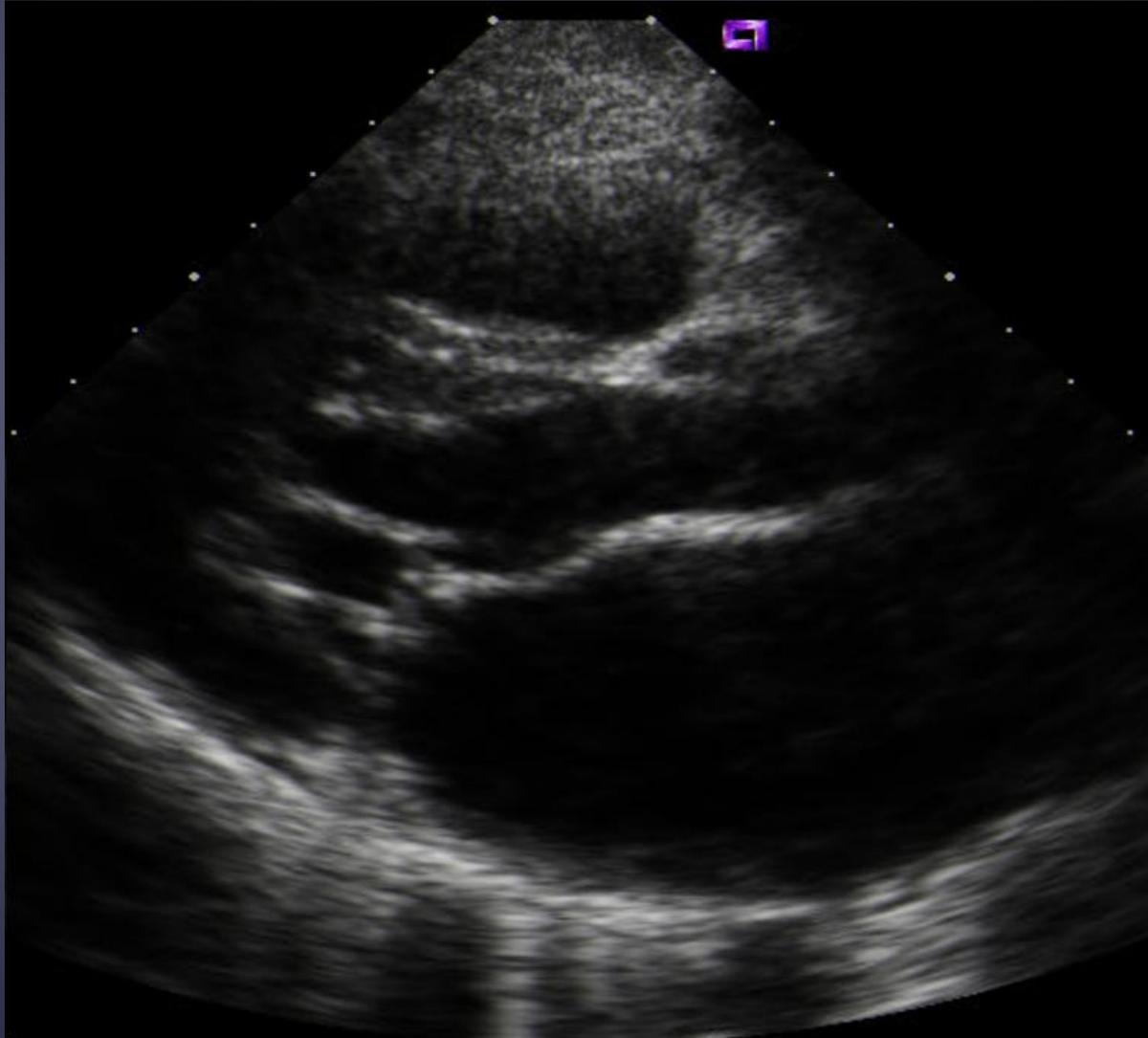
24 sett EG



S.I. 24 aa

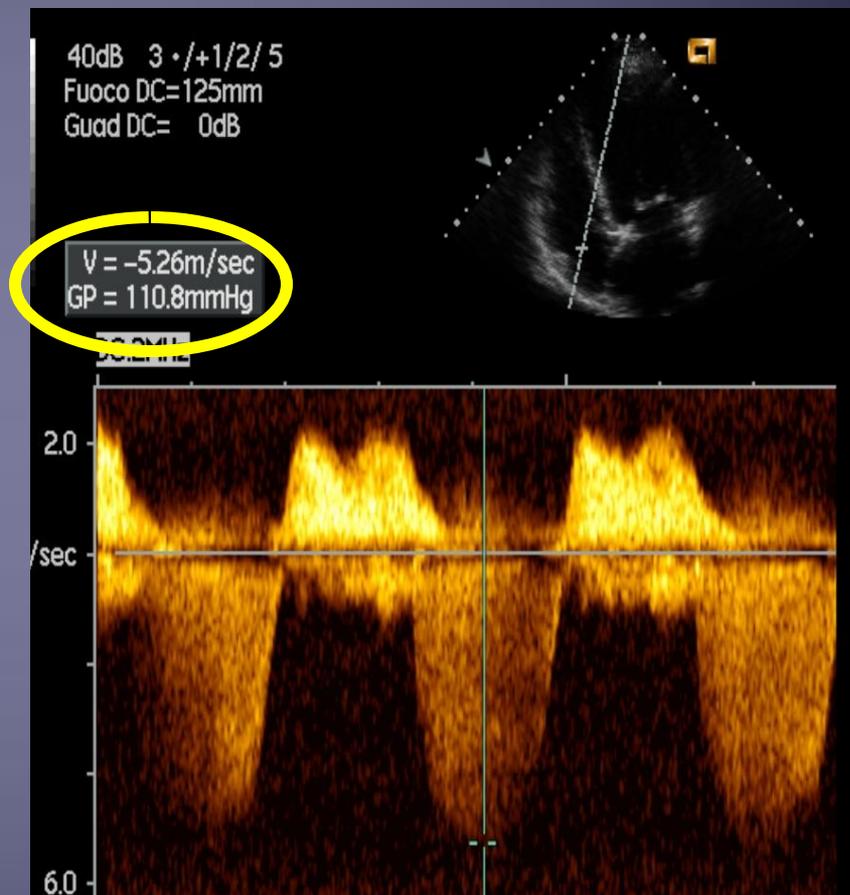
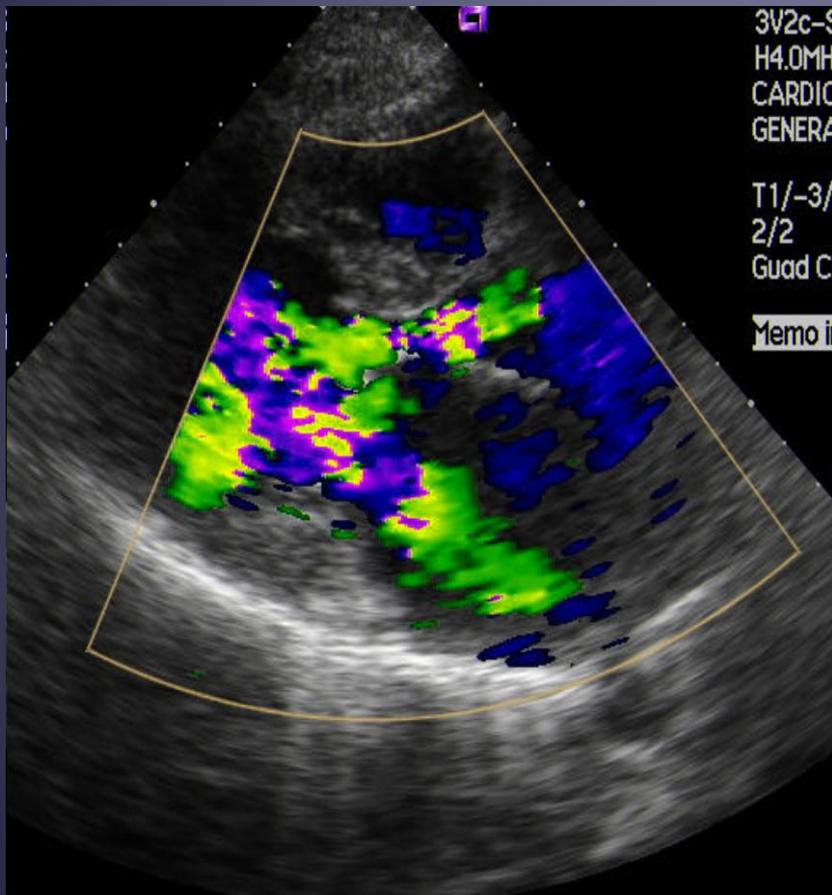
SM moderata (area 1,4 cm²)
con IM severa + lieve IAO

WHO IV



S.I. 24 aa: 12 sett EG

GP 110 mmHg



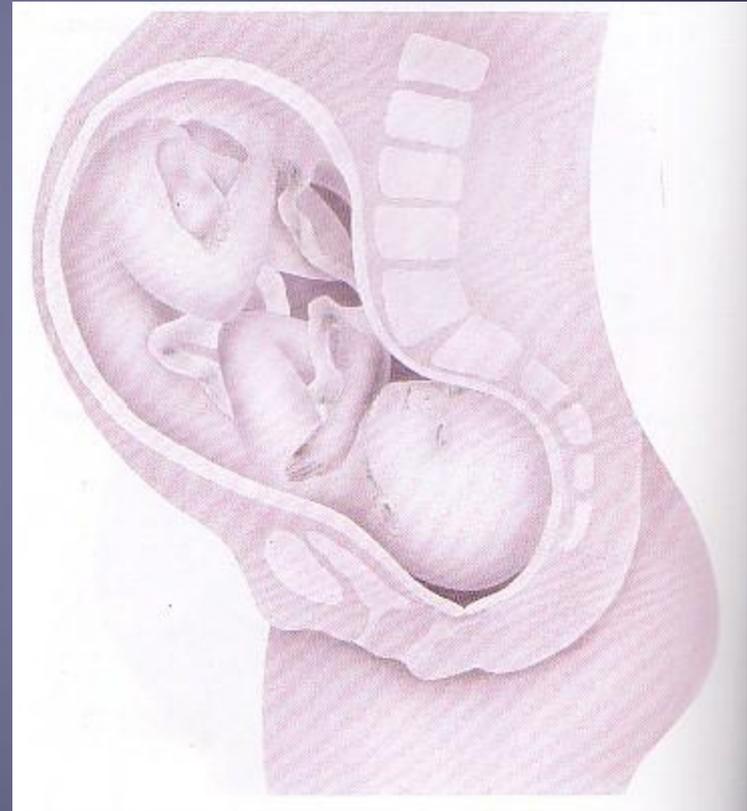
SORVEGLIANZA FETALE

Monitoraggio

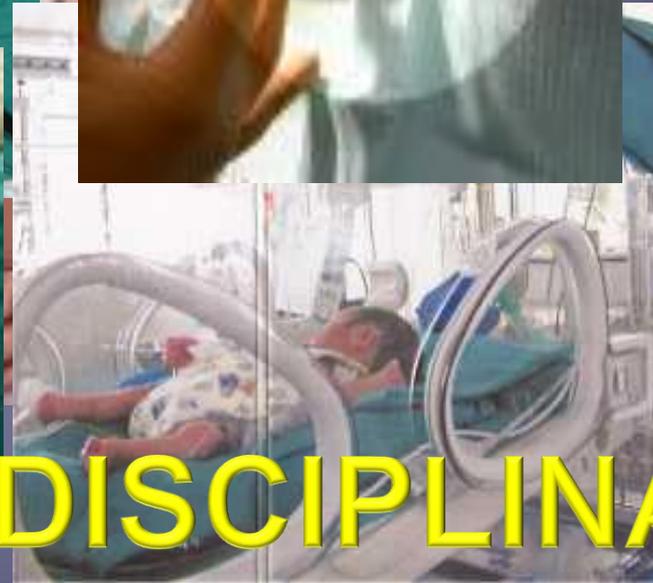
benessere fetale

(ecografia, Doppler-
flussimetria, CTCF)

Preparazione del feto
alla nascita
pretermine



PARTO

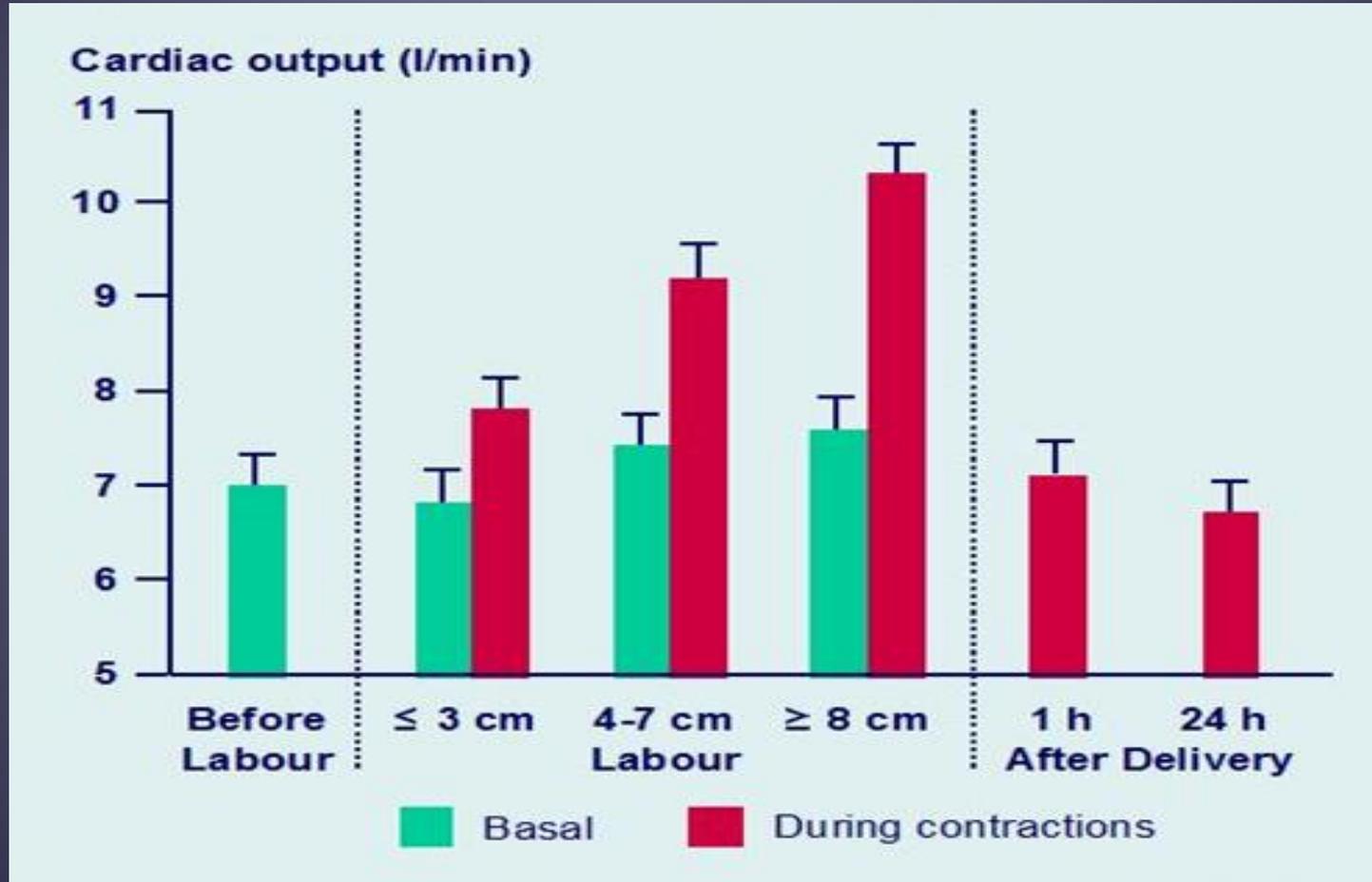


TEAM MULTIDISCIPLINARE



PARTO

emodinamica



PARTO

Classe IV

- 1) Stenosi severe
- 2) Insufficienze con compromissione FE

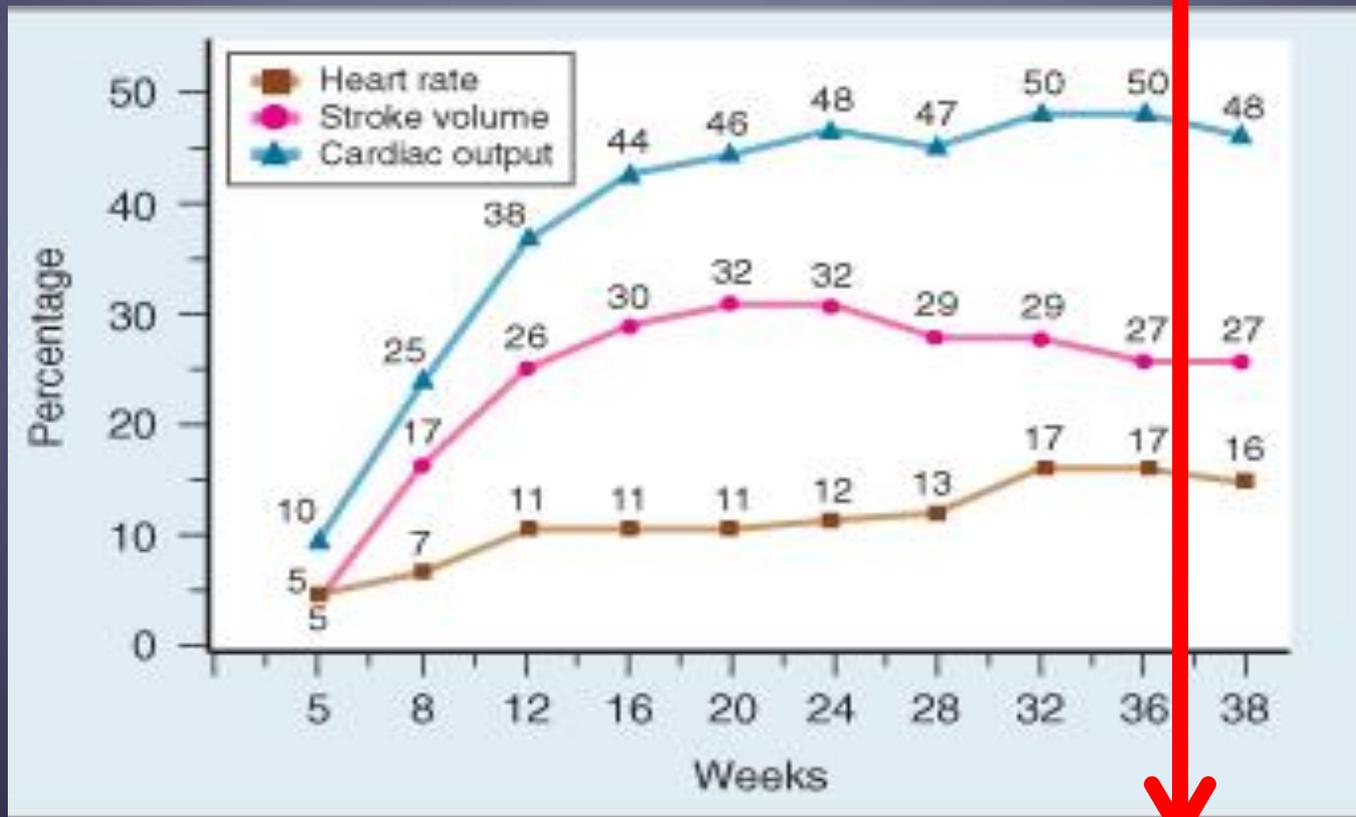
TC programmato
secondo le condizioni
cardiologiche



PARTO

Classe III

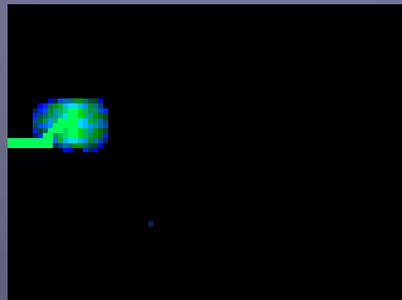
Induzione



POST PARTO

ALTO RISCHIO

Monitorizzazione 24 - 48 ore



Grazie!

