

LA DONNA GRAVIDA CON VALVULOPATIA.

Diagnosi e valutazione funzionale
Come orientarsi praticamente

Carla Bonanomi

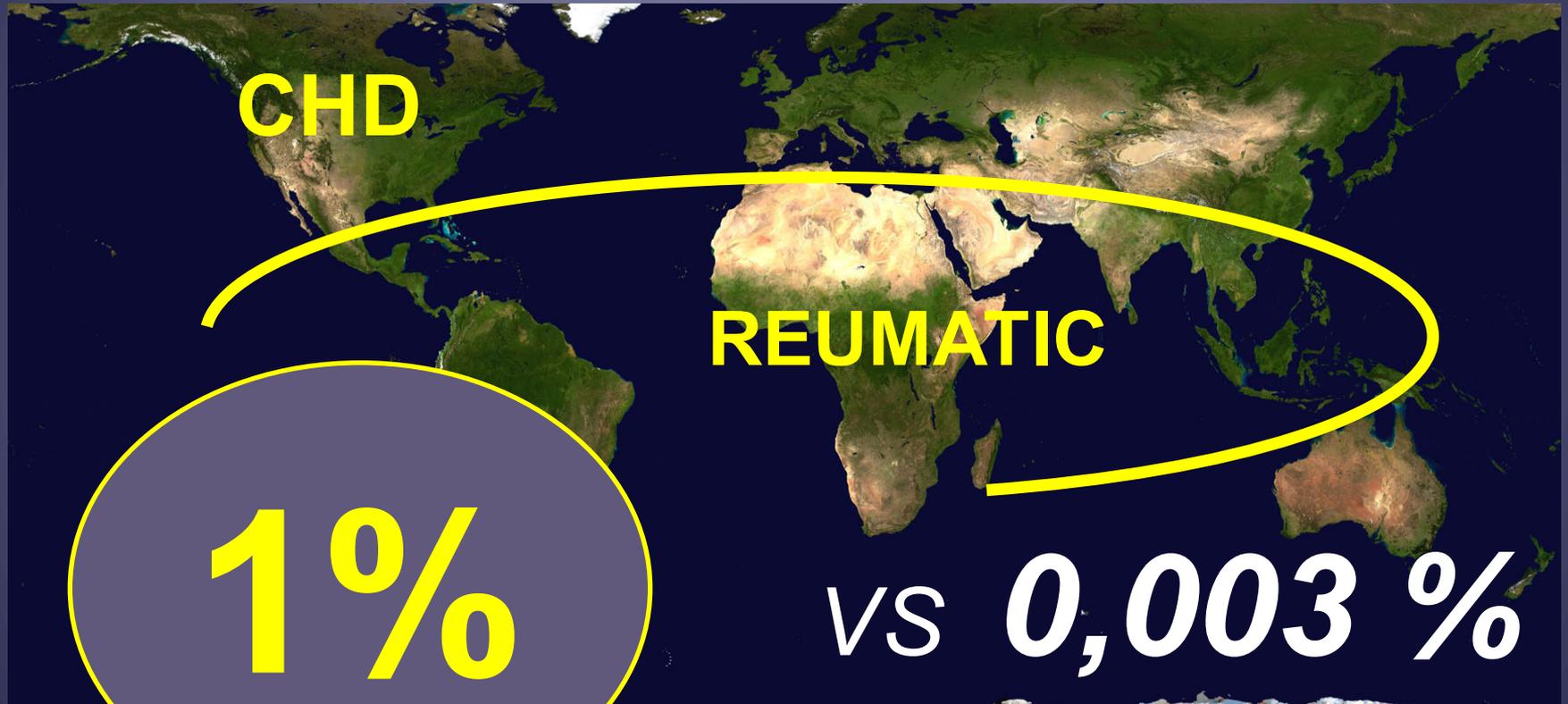
ECOCARDIOCHIRURGIA 2016

21-23 marzo 2016



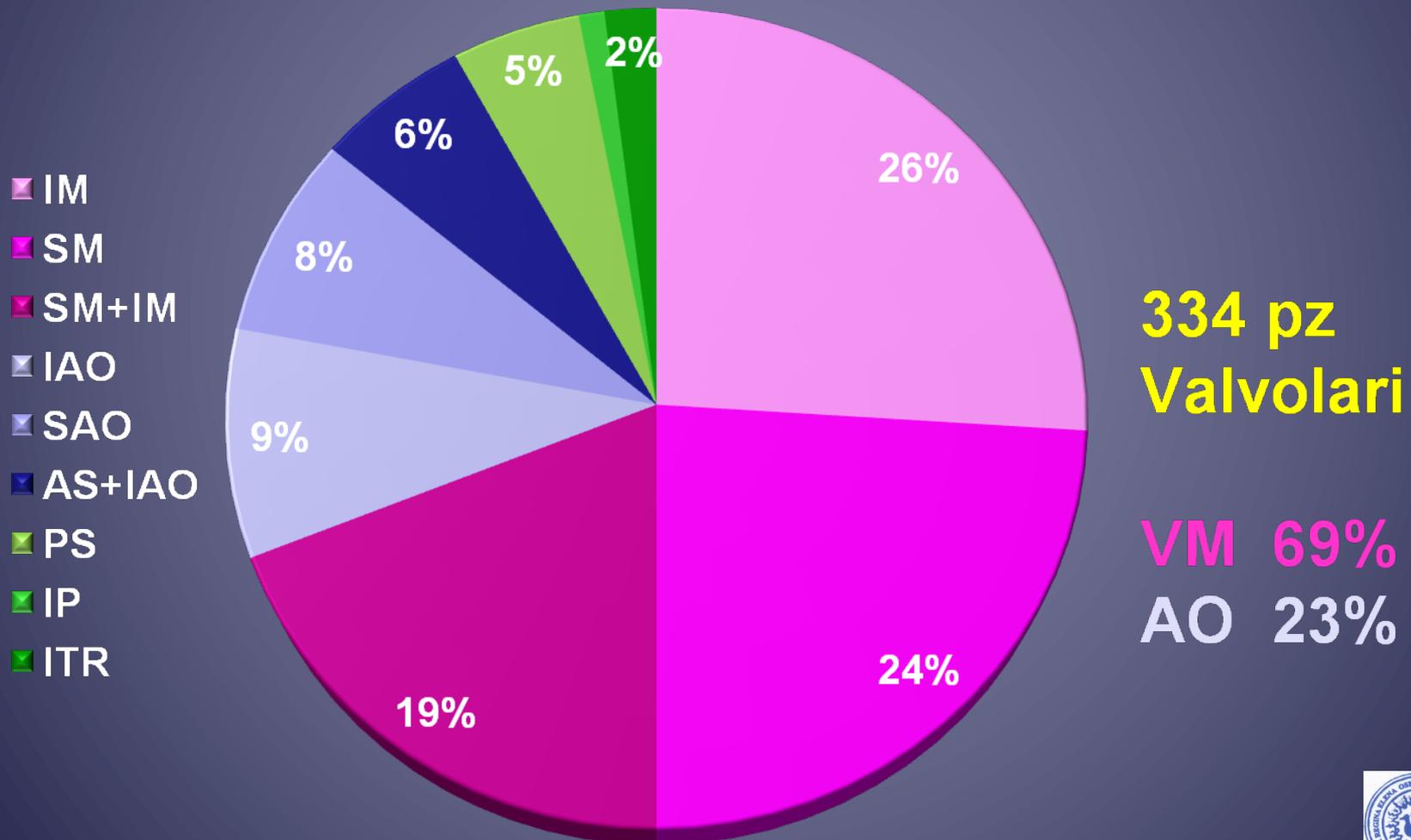
4% del TOT

VHD 25%





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



Complicanze

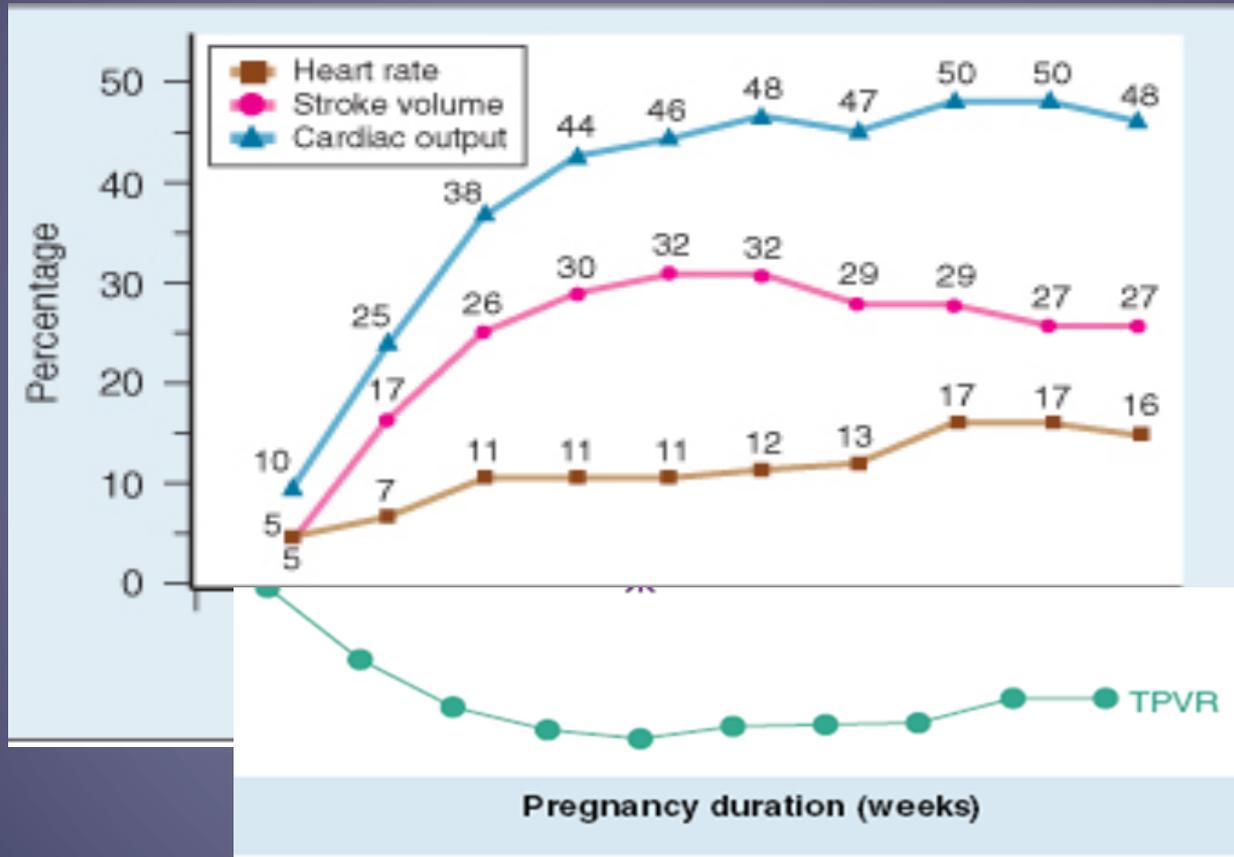
SCOMPENSO CARDIACO

18%

5%



Modificazioni emodinamiche in gravidanza



Tollerabilità emodinamica

PIU' tollerata



MENO tollerata

CLASSE di RISCHIO **W.H.O. VI**

FE < 30% NYHA III-IV

Iipertensione polmonare

*AO: >45 Marfan;
>50 BicAO*

SM severa

SAO severa sintomatica



CLASSE W.H.O. I

LIEVE IM da PROLASSO LIEVE stenosi polmonare

Successfully repaired simple defect, patent ductus arteriosus (drainage).

Atrial or ventricular ectopy



Septal
defect

CLASSE W.H.O. II - III

Mild left ventricular impairment

valvulopatie NON in classe WHO I e IV

Marfan syndrome without aortic dilatation

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

Repaired coarctation



CLASSI DI RISCHIO W.H.O.

II

LIEVE incremento di mortalità



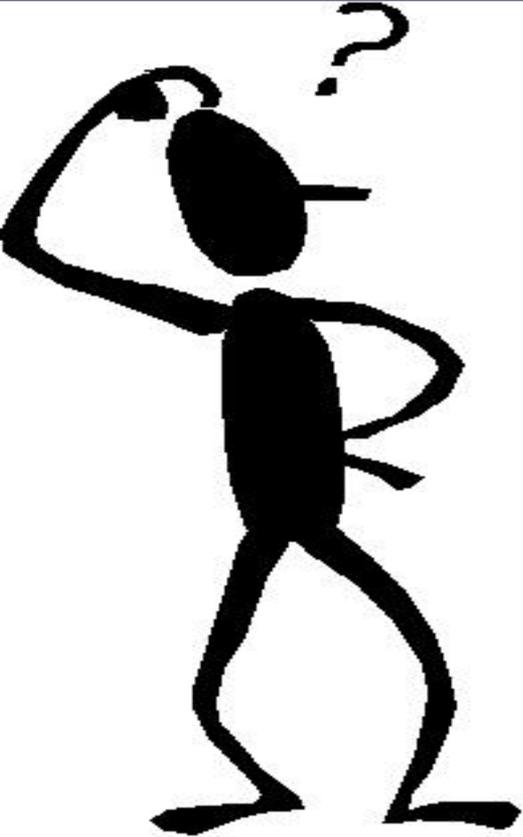
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III

SIGNIFICATIVO incremento di mortalità



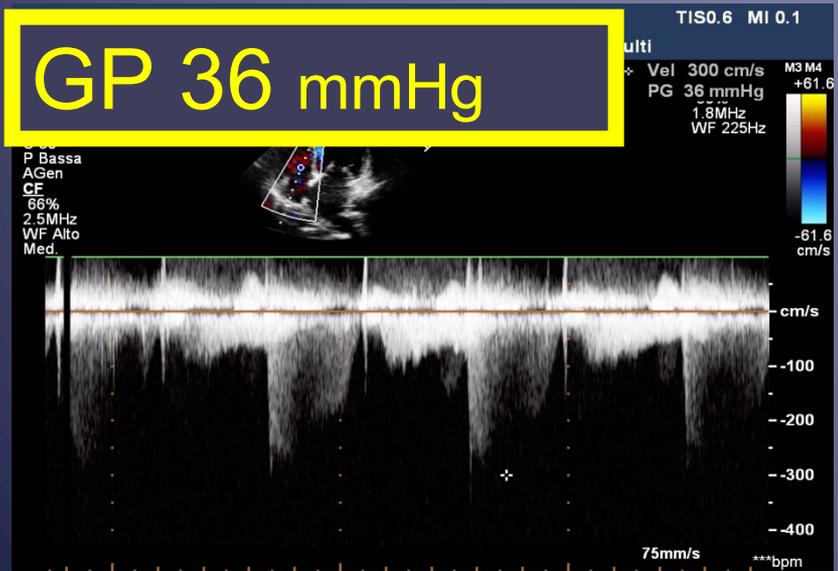
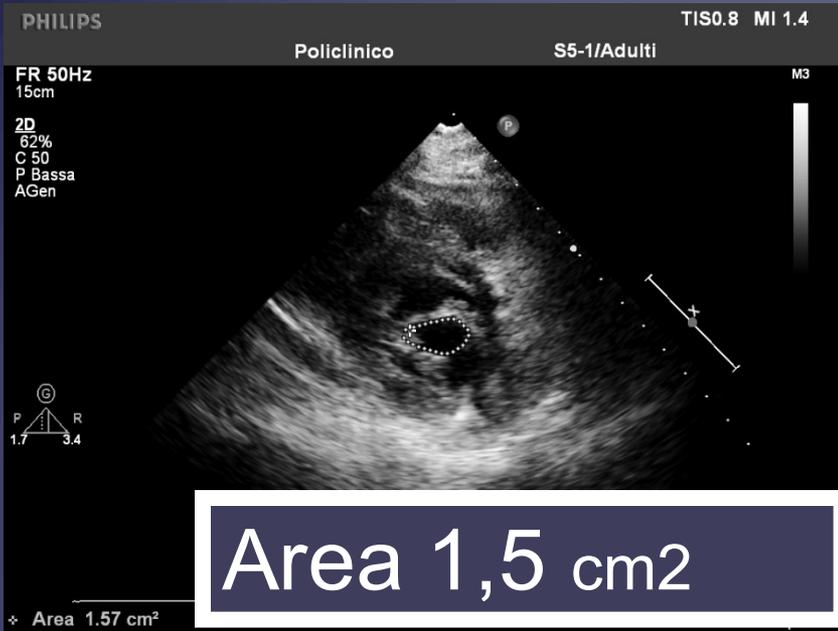
PREDITTORI di SCC



Tipo e severità della lesione

Insufficienza cardiaca

Sintomaticità



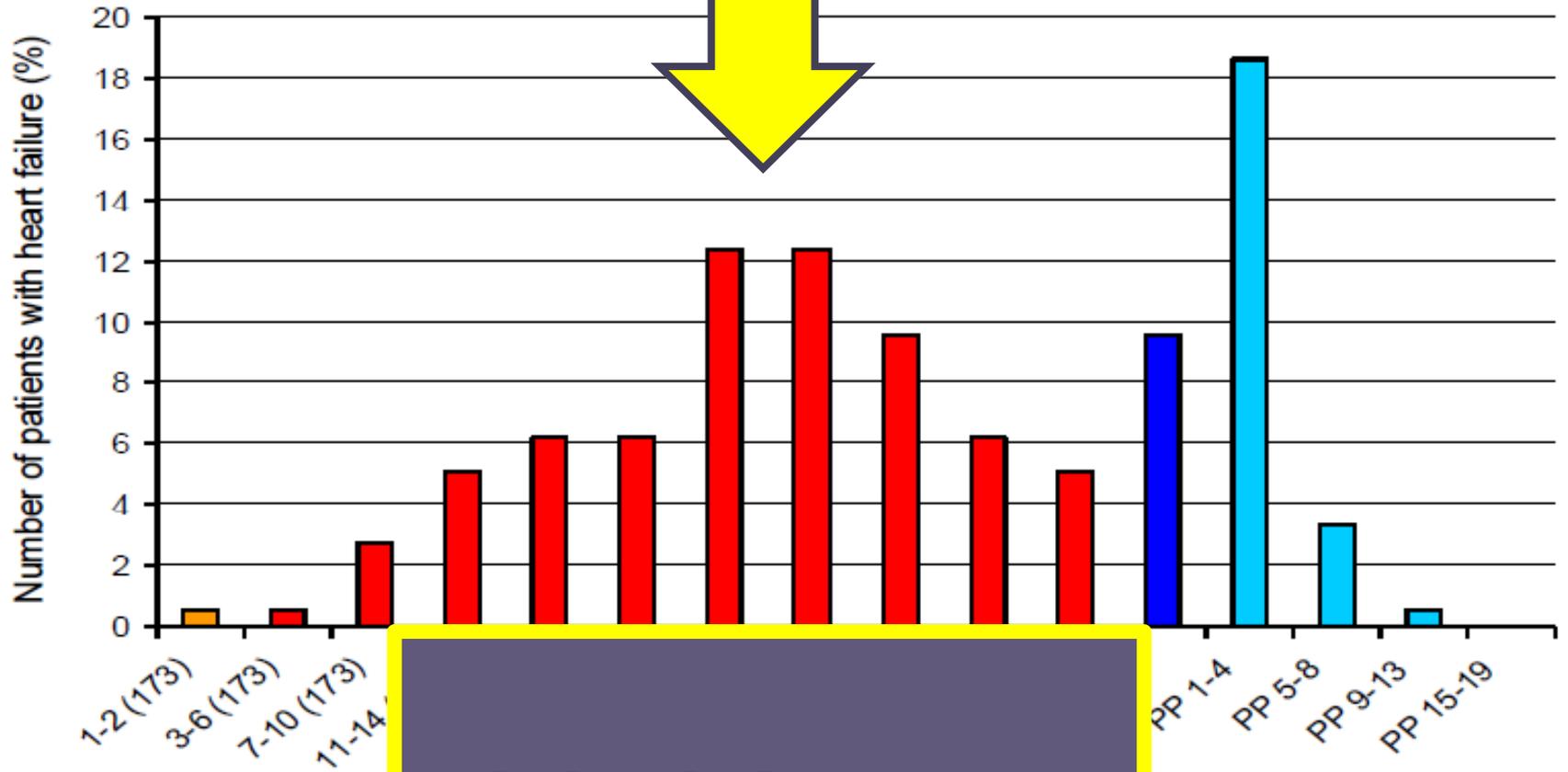
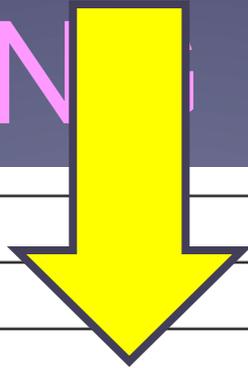
L N. 28 aa classe III

SM moderata

24 sett



TIMING SCC

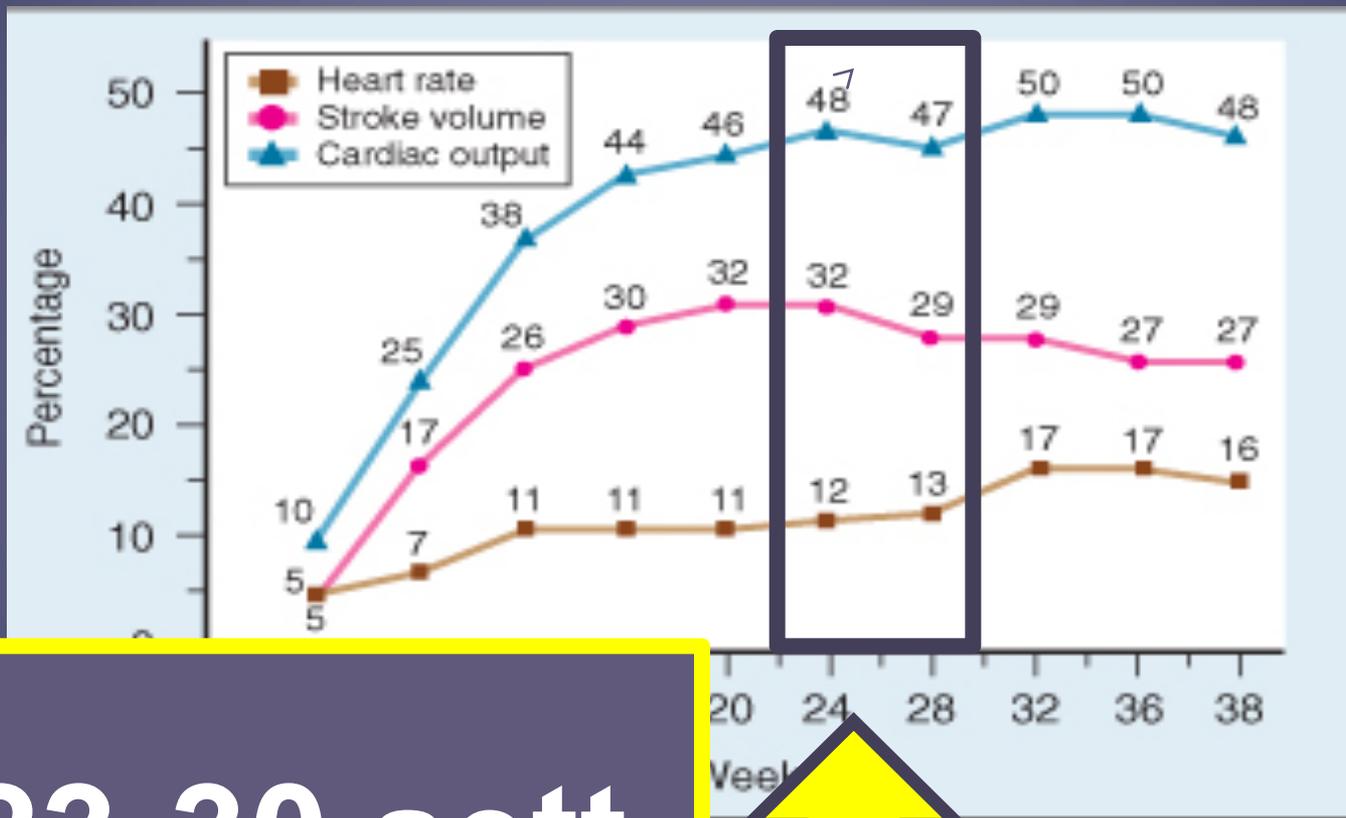


23-30 sett

Heart failure in p... se
data from ROPA



Sorveglianza Materna cardiologica Tempistica



23-30 sett



Sorveglianza Materna

Sudden weight gain



High blood pressure

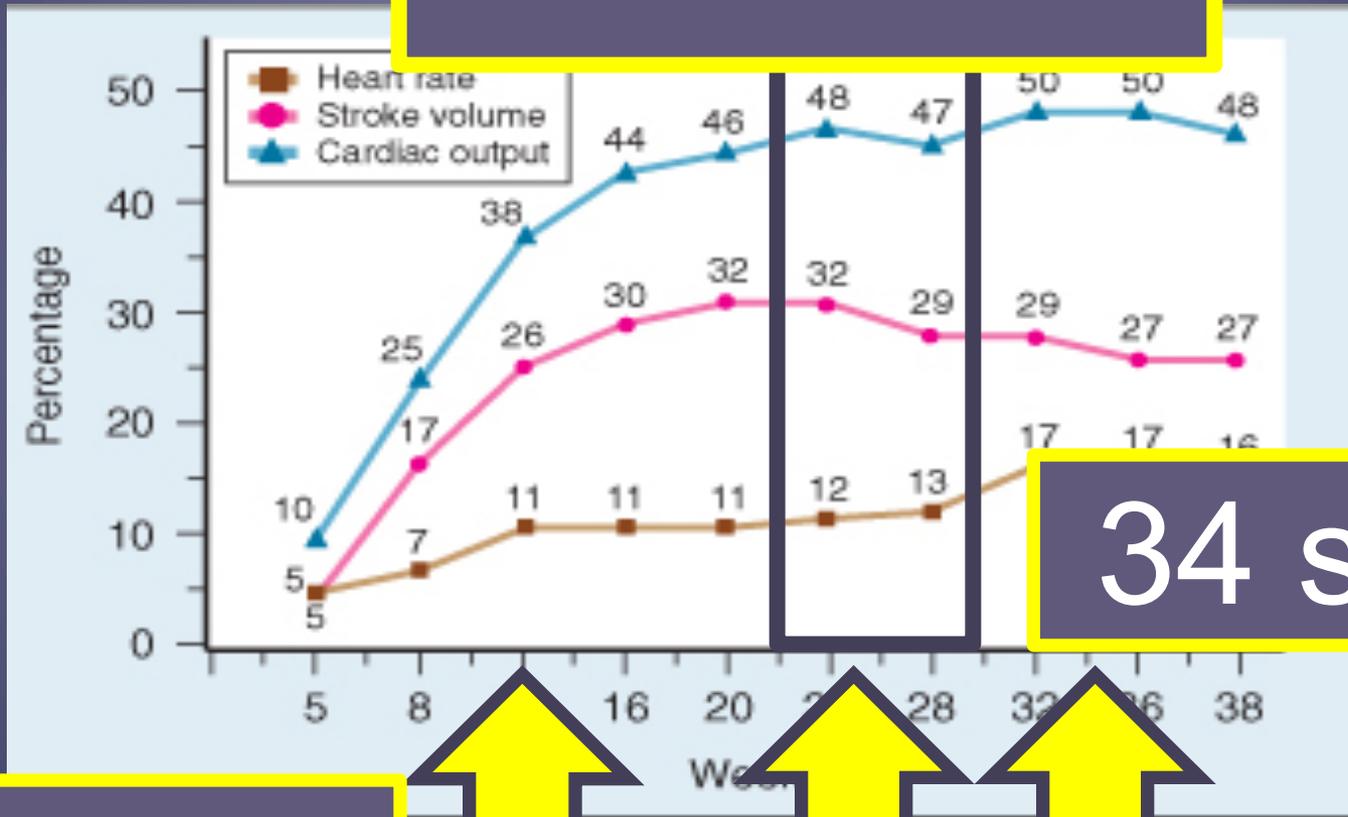


SCC
30%

PRECLAMPSIA



23-30 sett



34 sett

12 sett



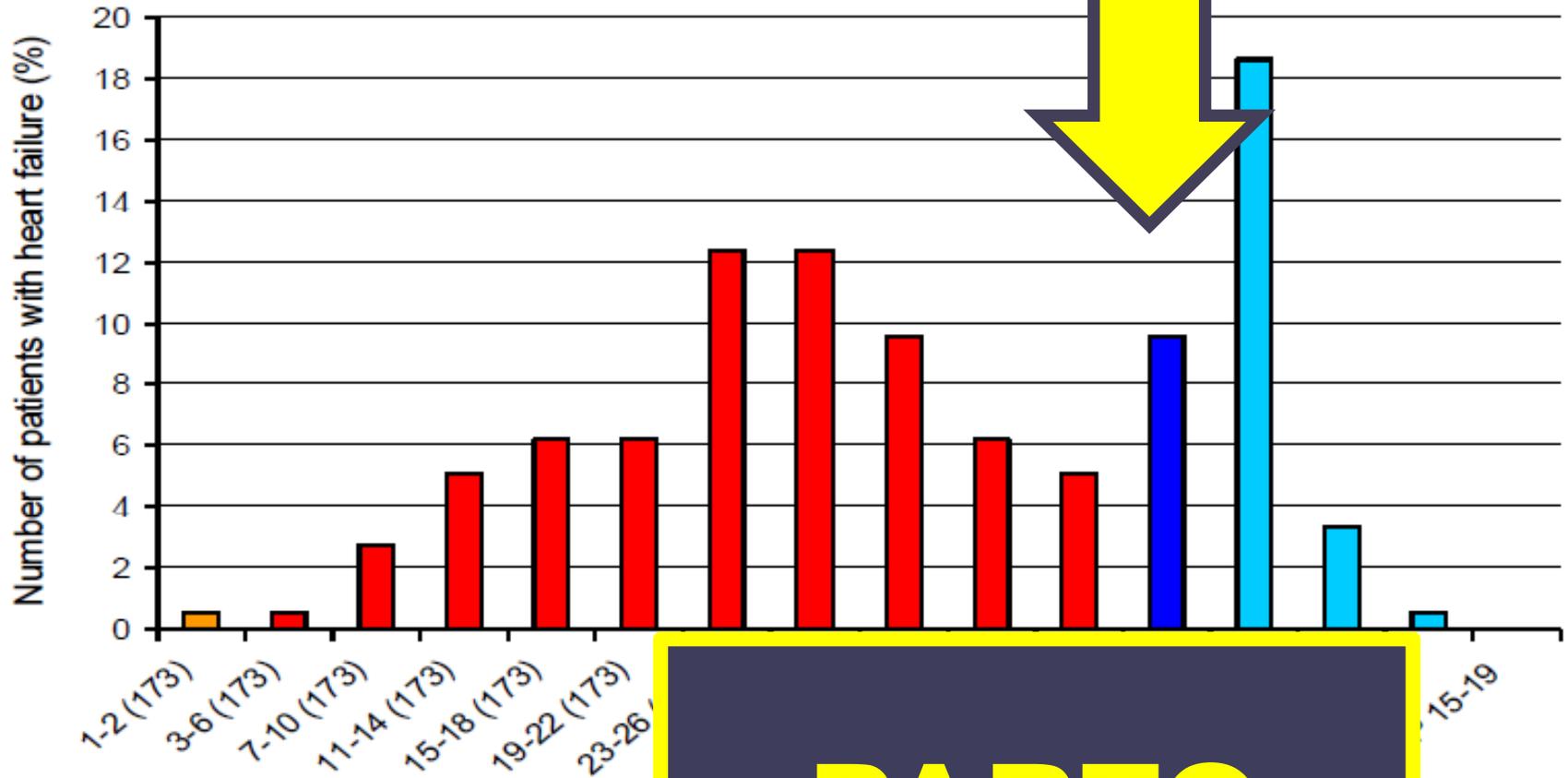
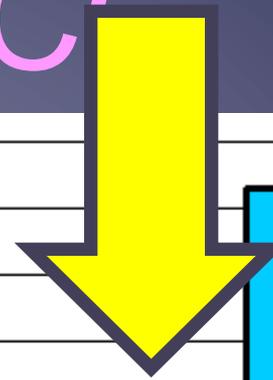
PARTO



TEAM MULTIDISCIPLINARE



TIMING SCC

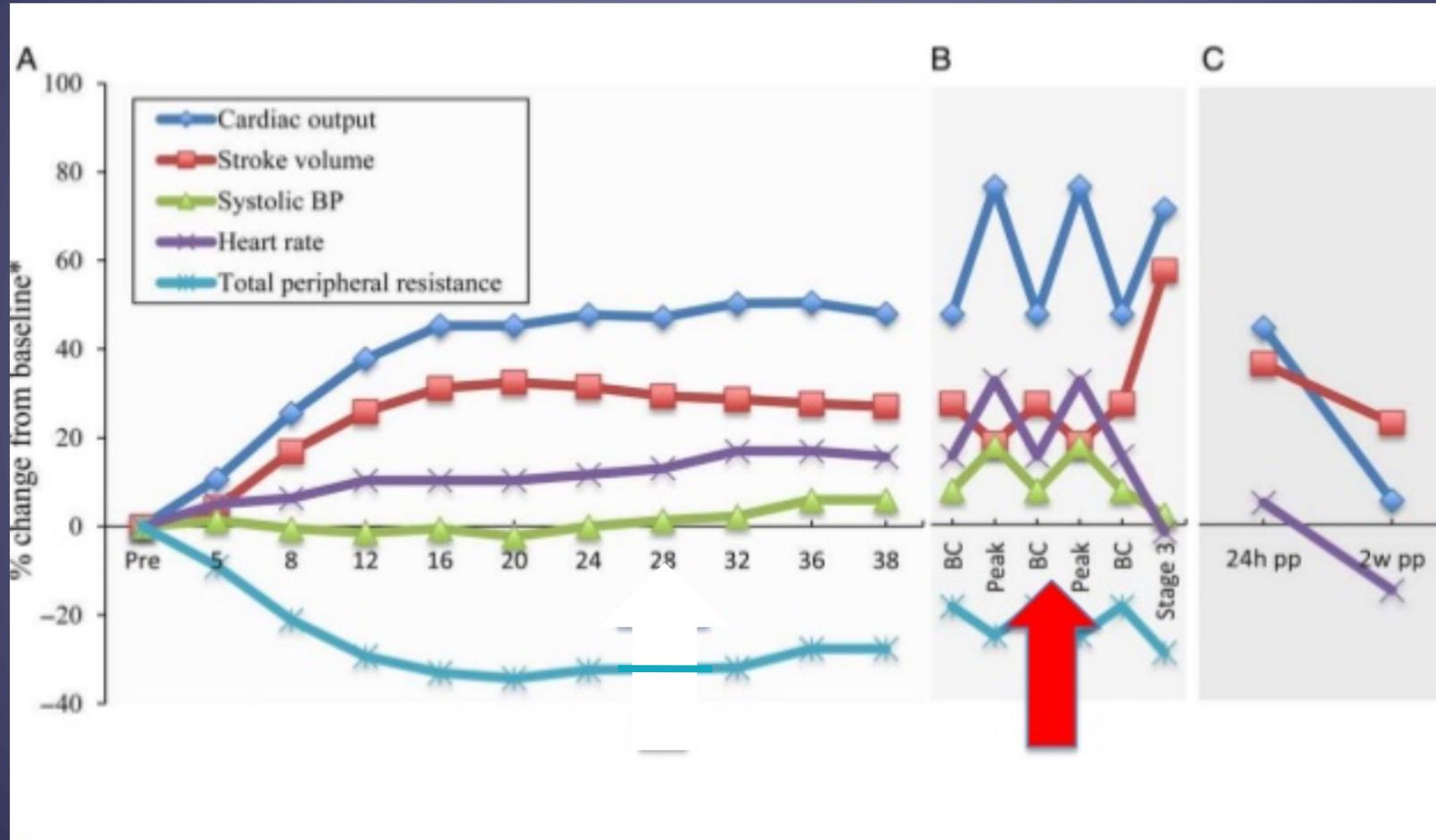


PARTO

Heart failure in pregnant women
data from ROPAC – Heart 2



PARTO emodinamica





SAO
severa



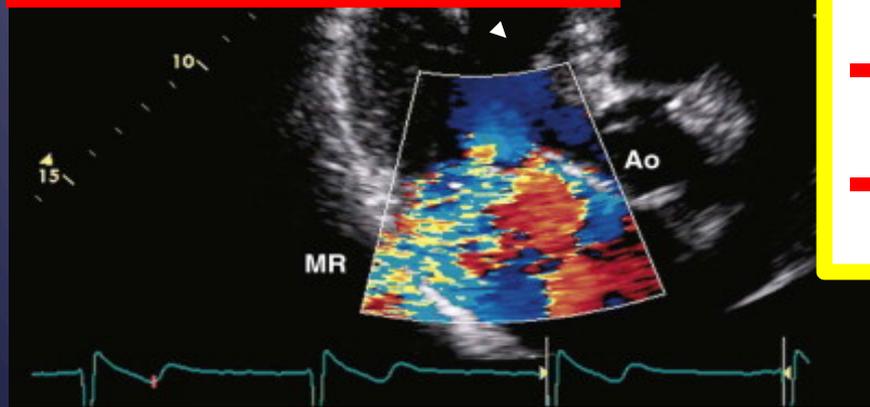
SM
Mod e
severa

TAGLIO CESAREO

Alto rischio

- Prematurità**
- Mortalità fetale**

FE < 30%



Sliwa et al EHJ 2015

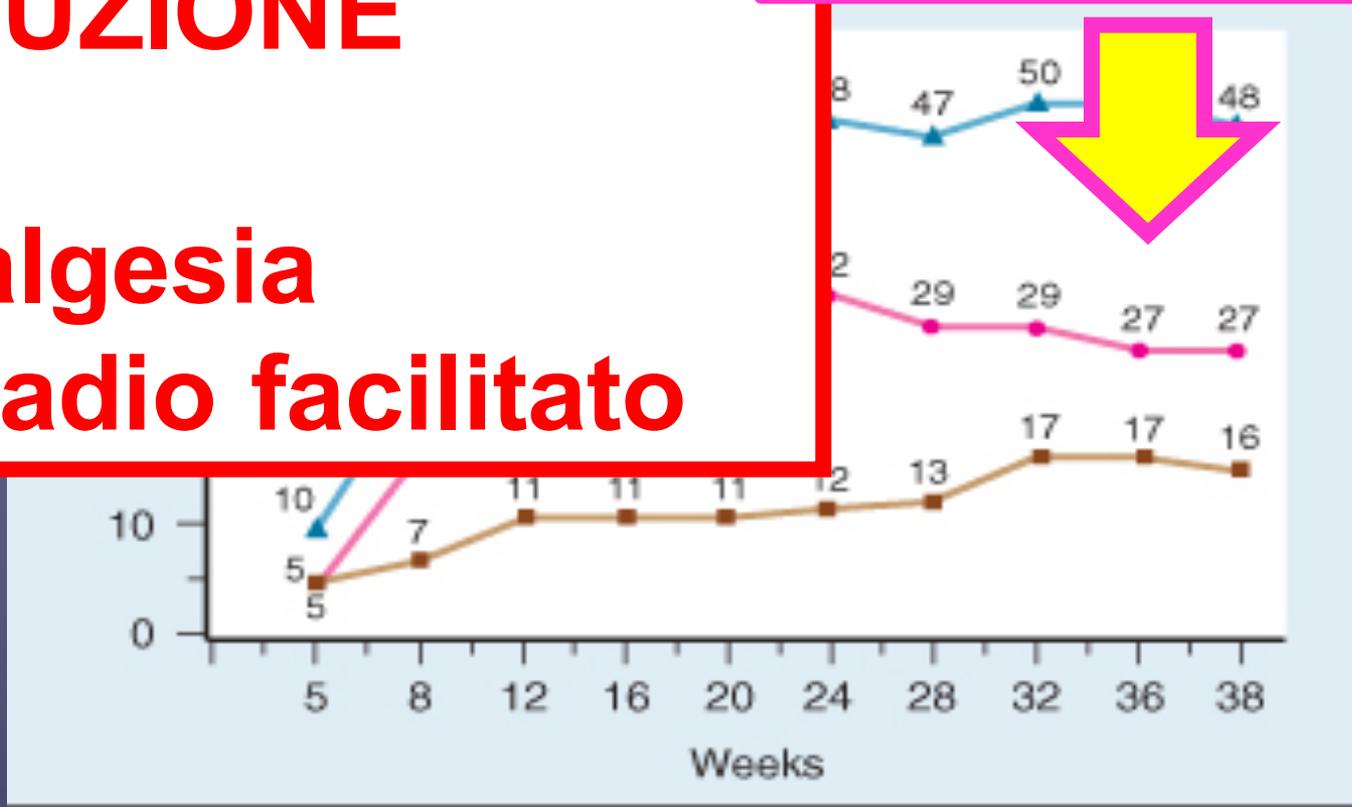


PARTO

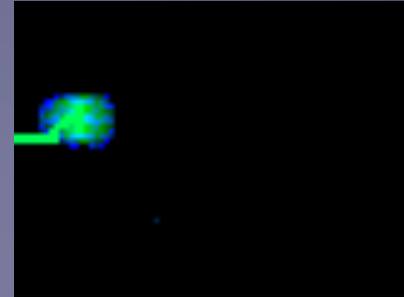
37 sett

INDUZIONE

**Analgesia
Il stadio facilitato**



POST PARTO



ALTO RISCHIO

Monitorizzazione **24 - 48 ore**

Soppressione della lattazione



Grazie!

