

## PREGNANT LADY WITH MARFAN SYNDROME PRESENTING WITH AORTIC DISSECTION

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Date Received: January 07, 2017

Date Revised: March 10, 2017

Date Accepted: April 19, 2017

### Contribution

SSR & SZ were involved in the conception and acquisition of data. ORK, MK, ZJ and AAH drafted the article and revised it. RAK approved the final version for publication and ensured the accuracy and integrity of the case report.

**All authors declare no conflict of interest.**

This case report may be cited as: Zahid S, Raza SS, Shah AA, Khan M, Khan OR, Jamali Z, Khan RA. Pregnant lady with marfan syndrome presenting with aortic dissection. Pak Heart J 2017; 50 (03): 197-8.

### ABSTRACT

Both the fetus and mother are under tremendous life threatening stress in case of an aortic dissection during pregnancy. We present case of a 25 years old diagnosed case of Marfan Syndrome primigravida at 29 weeks of gestation. The patient was referred from a clinic due to nausea, vomiting and dyspnea. Aortic dissection (AD) was evident upon Echocardiography. The patient was under observation when she suddenly developed jaw, chest and back pain. Her first degree relative (father) had died due to an AD at the age of 25. The patient was resuscitated and all possible medical efforts were taken along side an emergency cesarean section but the patient died soon after the delivery. Awareness needs to be raised in such medical cases and a clinical approach needs to be developed for critical care of pregnant patients. Proper surgical techniques and use of better medical technology are required to make and early diagnosis. Further studies/case reports around the world would assert our findings and lead to better treatment options.

**Keywords:** Aortic dissection, Pregnancy, Marfan syndrome, Echocardiography.

### INTRODUCTION

The hormonal and physiological changes that a patient undergoes during pregnancy are risk factors that could weaken the aortic wall and may lead to an increased risk of AD. A pregnant lady who is a diagnosed case of Marfan Syndrome (MS) has a greater risk of AD. MS is an inherited disorder of the connective tissue with an estimated prevalence of 3 in 10000.<sup>1-4</sup>

### CASE REPORT

A 25 years old diagnosed case of Marfan Syndrome Primigravida at 29 weeks of gestation. The patient was referred from a clinic due to nausea, vomiting and dyspnea. She was diagnosed with Marfan syndrome on the basis of Ghent Criteria at the age of 15 when she showed up for a routine checkup at the Ophthalmology Unit.

The patient previously experienced episodes of nausea, vomiting and dyspnea for few minutes followed by unresponsiveness. She had pregnancy induced

hypertension but there was no history of hypertension, Diabetes, smoking and chewing tobacco. His family history was positive for Marfan Syndrome. She had no other significant medical or surgical history.

The condition of the patient prompted the physician in charge to do a full cardiology workup. The patient was under observation when she suddenly developed jaw, chest and back pain. Her vital signs were stable at that time. Aortic dissection AD was evident upon Echocardiography.

Her first degree relative (father) had died due to an AD at the age of 25. The patient was resuscitated and all possible medical efforts were taken along side an emergency cesarean section but the patient died soon after the delivery. A healthy baby girl was born to her without any suspicion of MS. The Baby girl was shifted to Neonatal ICU for management of premature birth.

## DISCUSSION

MS is an inherited disorder of the connective tissue with an estimated prevalence of 3 in 10000.<sup>1</sup> MS is very rare to be found in females under the age of 40.<sup>5</sup>

Since our patient carried the classical signs and symptoms of MS our report emphasizes the importance of utilizing the necessary clinical tools and clinical knowledge for prevention, precaution and curative intervention in cases of patients with risk factors of AD.

AD with patients suffering with MS can occur at any point in the pregnancy but it usually occurs late in the pregnancy around the last part of 2nd and early part of 3rd trimester.<sup>6</sup>

There is always a sudden onset of symptoms and the history is mostly misleading and unclear. A multidimensional approach needs to be considered by the physician in managing patients who present with such symptoms. The

investigations need to be thoroughly evaluated and a decision should then be made.

## CONCLUSION

Awareness needs to be raised in such medical cases and a clinical approach needs to be developed for critical care of pregnant patients. Proper surgical techniques and use of better medical technology are required to make an early diagnosis.

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