QUESTION 16

A 26 year old woman is found to be markedly breathless approximately 2 hours after undergoing an urgent caesarean section under GA. She has had no respiratory problems pre-operatively. On examination, her RR 35/min, HR 110/min, BP 127/75mmHg; there are bilateral basal crackles. O2 saturation is 86% on room air.

CXR: patchy infiltrates in lower zones bilaterally

ABG shows:
- PaO2 50mmHg (80-100)
- PaCO2 29mmHg (36-44)
- pH 7.46 (7.36-7.44)

Which one of the following is most likely to improve outcome for this patient?
A. IV corticosteroids
B. Bronchodilator therapy
C. Positive pressure ventilation
D. IV broad spectrum antibiotics including anaerobic cover
E. IV heparin

Answer: C

This patient is in APO
- hypoxic with respiratory alkalosis (from hyperventilation RR 35/min)
- treatment of APO in the acute setting would include:
  1) Ventilation
  2) GTN
  3) Diuretics

Causes of peri-partum APO:
1) Peri-partum cardiomyopathy (PPCM)
2) Amniotic fluid/ venous air pulmonary embolism
3) Aspiration pneumonia
4) Pre-eclampsia with pulmonary oedema (but her BP is good)
5) IV tocolytic drugs (eg B agonists) to inhibit labour

In cases of post-partum APO:
6) Use of bromocryptine to inhibit lactation in cocaine addicts

PPCM
- rare, unknown aetiology
- late pregnancy to early puerperium

- 4 diagnostic criteria
  1) Within last month of pregnancy of within 5 months post partum
  2) No symptoms prior last month of pregnancy
  3) No identifiable cause of heart failure
  4) EF <45% or fractional shortening <30%

- Treatment similar to that of other causes of heart failure
  1) Digoxin and hydralazine ok
  2) ACEi contraindicated (poor foetal outcome)
  3) B blockers (B1 selective better as less interference w B2 mediated vasodilation of uterus and peripheral vasodilation)
  4) Nitrates not good