

### Peripartum Temporary Left Ventricular Assist Device for Ischemic Cardiomyopathy



Wright, A.R., Ernst, L., Dean, L., Rajkumar, K. P. Wake Forest University School of Medicine, Department of Anesthesiology

### Background

#### Acute Myocardial Infarction (AMI) in Pregnancy

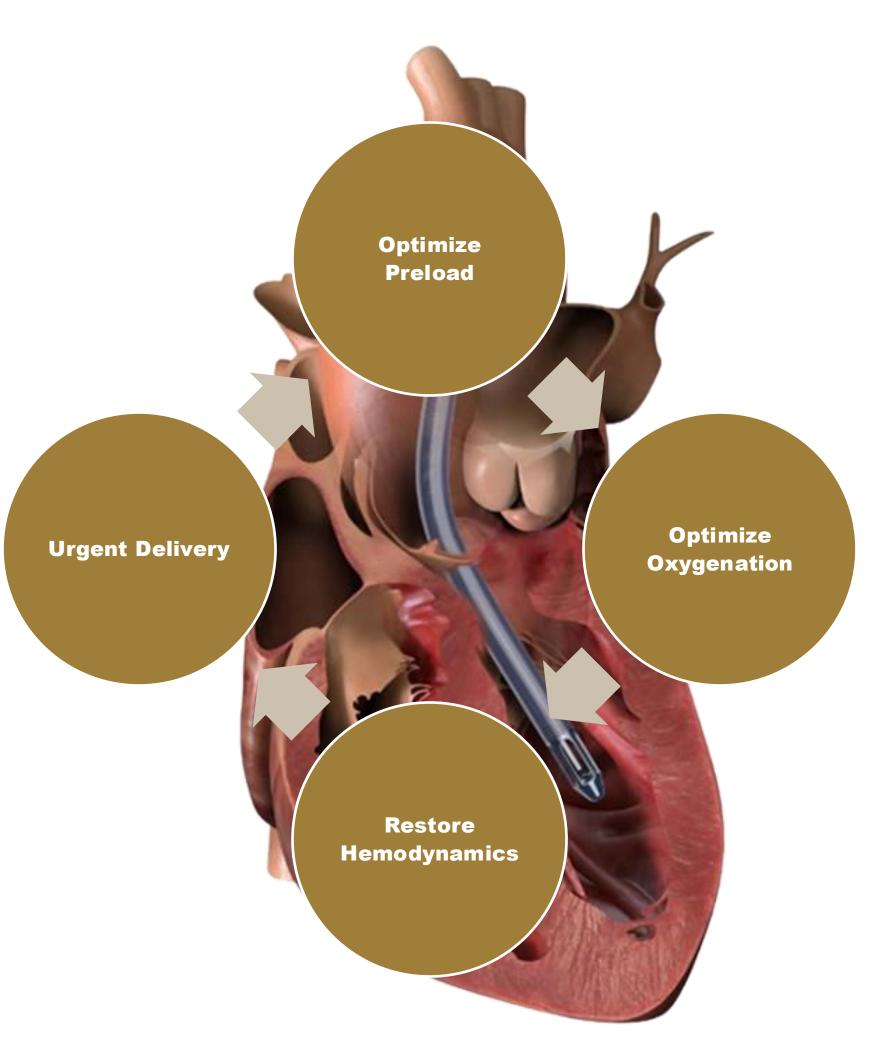
- •Incidence of 18/100,000 obstetric admissions<sup>1</sup>
- •AMI is 3-4x more likely in pregnant patients compared to nonpregnant women
- Peripartum AMI presents unique challenges due to increased risk for coronary dissection and limitations in medical management.<sup>1,2</sup>

#### Cardiogenic Shock in Pregnancy

- High maternal and fetal morbidity and mortality
- Mechanical Circulatory Support (MCS) increases survival<sup>4</sup>
- Options for MCS: Balloon Pump, ECMO, Temporary LVAD
- Temporary LVAD: Trade name Impella 5.5®



Elkayam U: Pregnancy-associated acute myocardial infarction. Circulation 2014; 129: 1695-702 Bauersachs J, Arrigo M, Hilfiker-Kleiner D, et al. Current management of patients with severe acute peripartum cardiomyopathy: practical guidance from the European Society of Cardiology Study Group on peripartum cardiomyopathy. Eur J Heart Fail. 2016;18(9):1096-1105. Banayan J, Cardiogenic shock in pregnancy: analysis from the national inpatient sample. Hypertens Pregnancy. 2017;36(2):117-123.



2025]



Impella

Removed on

POD 2

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#### Case

 35-year-old G2P0010 at 17w3d presents with AMI due to occlusion of the left anterior descending artery (LAD)



At 24w5d her LVEF decreased to <15% with apical aneurysm.</li>

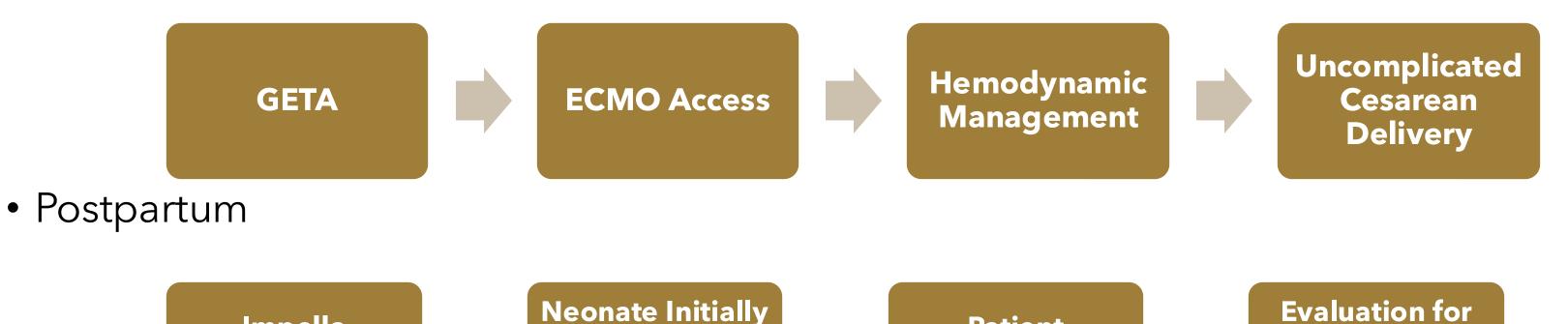
Intubated, but

**Extubated** 

**Following Day** 



• Multidisciplinary counseling led to the shared decision to proceed with delivery at 27w2d.



**Patient** 

Discharged

PPD8



**Advanced Heart** 

**Failure** 

**Treatment** 



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