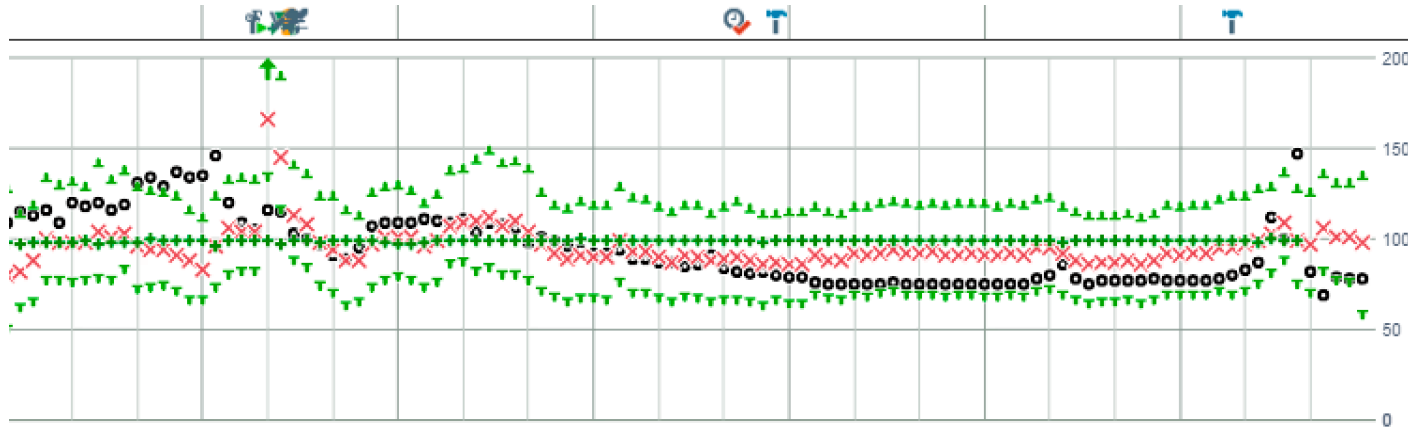


Mechanical Valve Thrombosis with Critical Aortic Stenosis in a Twin Pregnancy

Lerner ZI, Perryman K, Yeh P, Woodbury J

- 27 y.o. G1P0 with congenital bicuspid AV s/p mechanical AVR and di-di pregnancy presents for outpatient anticoagulation titration at 11w
- TEE with critical AS, mean gradient 68 mmHg, valve area 0.6 cm², severe AI
- Admitted to ICU
 - Anticoagulation
 - IUGR
 - Plan for pCS at 30w
- NSTEMI at 24w

- Pre-induction
 - ECMO sheaths
 - Arterial line
 - MAC CVC + CVP
 - 5 pRBC, 3 FFP
- Induction
 - Etomidate, esmolol, succinylcholine
- Intra-op
 - Hemodynamics
 - Bleeding control



- Follow-up
 - Transferred to CVICU
 - Extubated POD1
 - ECMO site infection
 - Neonatal complications
 - Bioprosthetic AVR at 5 months
- Discussion
 - Prosthetic valves are rare in pregnancy
 - MHV + enoxaparin = thromboembolism in 17% of pregnancies
 - MHV = mWHO class III
 - MHV + critical AS = mWHO class IV
 - Multidisciplinary considerations