Cesarean Delivery In The Setting Of Chest Pain Due To Spontaneous Coronary Artery Dissection

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Background

Spontaneous coronary artery dissection (SCAD) is a rare but serious cause of acute coronary syndrome (ACS). SCAD in pregnancy presents unique challenges, requiring a multidisciplinary approach for optimal maternal and fetal outcomes.

We report a successful urgent primary cesarean delivery secondary to recurrent episodes of chest pain and associated fetal decelerations in a parturient with SCAD.



Figure 1. SCAD of LPDA on LHC



Case Presentation

- 37-year-old G1P0 at 33w6d presented as transfer from OSH with shortness of breath and acute onset chest pain
- PMH: obesity, OSA, asthma, pre-eclampsia with severe features





Discussion

Hormonal changes, particularly elevated estrogen levels, may play a role in the pathogenesis of SCAD by affecting vascular integrity and predisposition to dissection.

Effective management during pregnancy is crucial and involves balancing maternal cardiovascular stability with fetal safety, especially when considering delivery options.

Careful planning is vital for cesarean deliveries in patients with SCAD to prevent exacerbating ischemia. Regional anesthesia is often favored to minimize hemodynamic stress.



