MAYO CLINIC

SURGICAL PREGNANCY TERMINATION FOR PULMONARY HYPERTENSION FROM FIBROSING MEDIASTINITIS

PERIPARTUM ANESTHETIC CONSIDERATIONS

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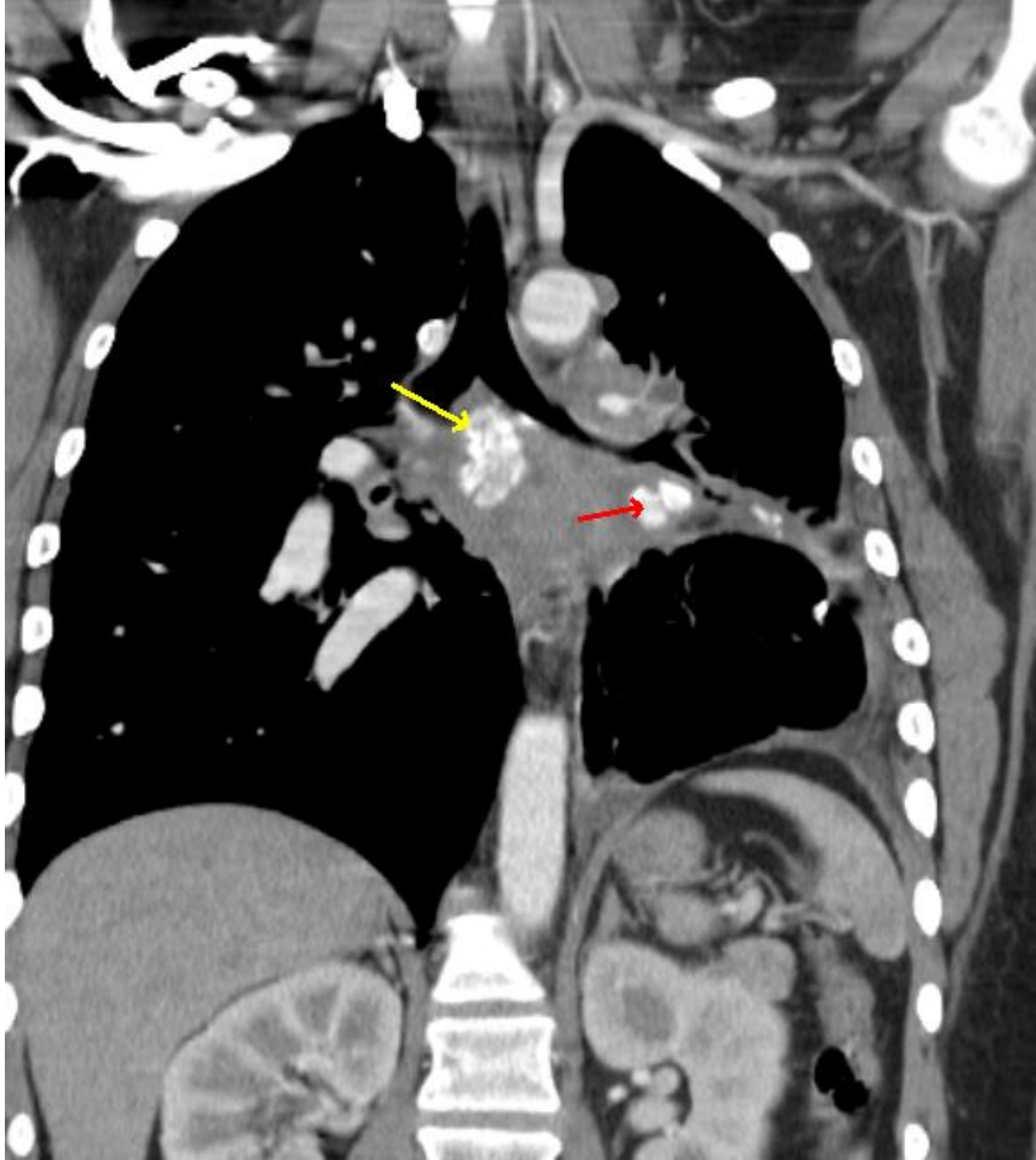
BACKGROUND

Fibrosing mediastinitis (FM)

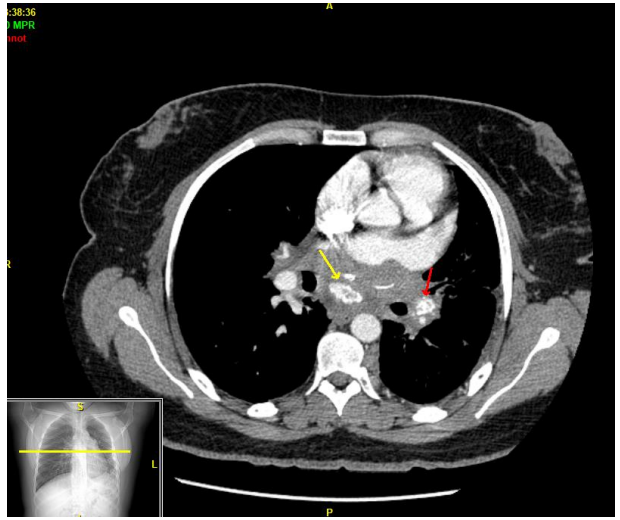
Invasive proliferation of fibrous tissue within the mediastinum usually secondary to histoplasmosis or other granulomatous infiltrative processes.

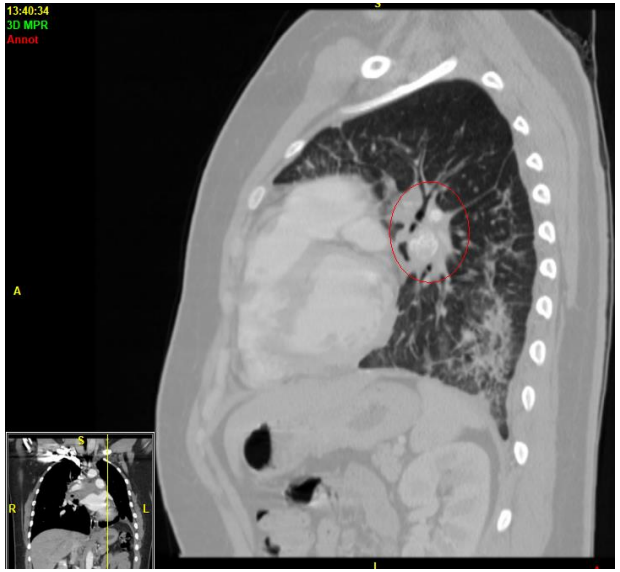
Pulmonary Hypertension (PH) in Pregnancy

Because pulmonary blood flow increases in pregnancy, PH can worsen in pregnancy leading to RV failure and high risk of mortality for mother and fetus.



CASE DESCRIPTION





28-year-old G1P0 with a history of FM complicated by severe pulmonary hypertension presented for a planned dilation and curettage (D&C) for pregnancy termination at 12 weeks gestation in the cardiac operating room.

Transthoracic echocardiogram:

- Severe pulmonary vein stenosis. Right lower pulmonary vein mean gradient 15 mmHg. Right upper pulmonary vein mean gradient at least 20 mmHg.
- Right pulmonary artery mean Doppler gradient 15 mmHg. No flow in left pulmonary artery.
- Mildly decreased right ventricular function.
- Estimated right ventricular systolic pressure 70 mmHg (systolic blood pressure 106 mmHg).
- Left ventricular ejection fraction of 64%.

LESSONS LEARNED

ANESTHESTIC CONSIDERATIONS FOR TERMINATION IN PULMONARY HYPERTENSION