

24th Annual

Cardiologists Conference

June 11-13, 2018 | Barcelona, Spain

Aortic valve diseases in pregnancy

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Background: Stenotic rheumatic aortic valve diseases carry a higher risk in pregnancy. Regurgitant lesions are usually better tolerated. Mechanical valve prosthesis carries the risk of valve thrombosis and bleeding complications. Tissue valve prosthesis avoids the use of anticoagulants and thus, the complications. However, they are associated with higher risk of degeneration. According to ROPAC (registry on pregnancy and cardiac disease), symptomatic and severe aortic stenosis carry a risk of heart failure and is associated with high rates of hospitalization for cardiac reasons. We report three cases: aortic mechanical valve, aortic homograft valve and severe aortic regurgitation in pregnancy.

Cases: Case 1 is a 30 year old female. She had undergone AVR due to rheumatic valvular disease. Valve thrombus occurred in the first trimester and was successfully resolved with tpa. Delivery was done with caesarean section (SC). There was some increase in her mitral regurgitation after the delivery. Baby had low birth weight, but no other complications occurred. Case 2 is a 25 year old female who had aortic homograft valve replacement for her bicuspid aortic valve. First pregnancy was uneventful. In her second pregnancy, aortic regurgitation was present and delivery was done with SC. She was treated medically. Case 3 is a 30 years old female who had rheumatic moderate aortic regurgitation. During pregnancy, aortic regurgitation increased, and delivery was done with CS. After the delivery, aortic regurgitation decreased. No complications occurred with the baby.

Conclusion: Careful management of aortic valve diseases during pregnancy reduces complications. Even patients with mechanical prosthetic valves may be successfully treated. Mortality in pregnant women with aortic stenosis is very low. However, these patients carry a risk of heart failure which can be managed medically. Appropriate pre-conceptional patient evaluation and counseling is important in these patients.

Recent Publications

1. Van Hagen I M, Roos-Hessenlink J W, Donvito V et al. (2017) Incidence and predictors of obstetric and fetal complications in women with structural heart disease. *Heart* 103(20):1610-1618.
2. Bons L R, Roos-Hesslink J W (2016) Aortic disease and pregnancy. *Curr Opin Cardiol.* 31(6):611-617.
3. Orwat S, Diller G P, Van Hagen I M, et al. (2016) Risk of pregnancy in moderate and severe aortic stenosis: from the multinational ROPAC registry. *J Am Coll Cardiol* 68(16):1727-37.
4. Sliwa K, Johnson M R, Zilla P and Roos-Hesslink J W (2015) Management of valvular disease in pregnancy: a global perspective. *Eur Heart J.* 36(18):1078-89.
5. Carboni S, Capucci R, Pivato E, et al. (2013) Marfan's syndrome and pregnancy: a good maternal and fetal outcome. *J Prenat Med.* 7(2):21-4.

Biography

Sibel Catirli Enar completed her Graduation from İstanbul University, İstanbul Medical School in 1981. She has completed her specialization in Anesthesiology and Critical Care at İstanbul Medical School in 1985 and in Cardiology at İstanbul University Institute of Cardiology in 1992. She became an Associate Professor of Cardiology in 2000, Fellow of European Society of Cardiology in 2010, Fellow of American Society of Echocardiography in 2012, Fellow of International Society of Cardiac Ultrasound in 2012 and Fellow of American College of Cardiology in 2016. She is working at Türkiye Hospital and Memorial Hospital in İstanbul, Turkey since 2000. She worked as a Research Fellow at Cleveland Clinic of Foundation, USA from 1996-1998 and at University of Alabama at Birmingham-USA from 2006-2008 as well. She has several publications in national and international journals. She served as speaker and moderator in national and international congresses. Her area of interest is Echocardiography.