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A Newly Diagnosed Right Ventricular Outflow Tract Obstruction in the Setting of Acute Bleed Post Cesarean.

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Published In/Presented At

Erickson, K. Lindauer, L. (2018, May). A Newly Diagnosed Right Ventricular Outflow Tract Obstruction in the Setting of Acute Bleed Post Cesarean. Poster Presented at: Pennsylvania Osteopathic Medical Association (POMA), Philadelphia, PA.

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A Newly Diagnosed Right Ventricular Outflow Tract Obstruction in the Setting of Acute Bleed Post Cesarean K. Erickson, DO, L. Lindauer MD

INTRODUCTION

A 30-year-old pregnant female of 28-week gestation with dichorionic diamniotic twins presented to the hospital for preeclampsia with severe features. During her hospitalization, the patient became acutely hypoxic, dyspneic, and hypertensive; therefore, the patient underwent emergent Cesarean section and was subsequently intubated and taken to intensive care.

METHODS

The patient was initially thought to be in flash pulmonary edema and received furosemide. Labs at the time were unremarkable. Initial chest x-ray showed pulmonary edema versus aspiration, chest CT did not reveal a pulmonary embolism; however lower extremity dopplers did demonstrate bilateral partially occlusive deep vein thromboses of the posterior tibial veins. An echocardiogram showed a highly mobile, large, filamentous echodensity noted in the right ventricular outflow tract (RVOT). A transesophageal echocardiogram was done for better visualization which confirmed a 10-12 cm freely mobile density extending from the tricuspid valve through the pulmonic valve into the pulmonary artery.

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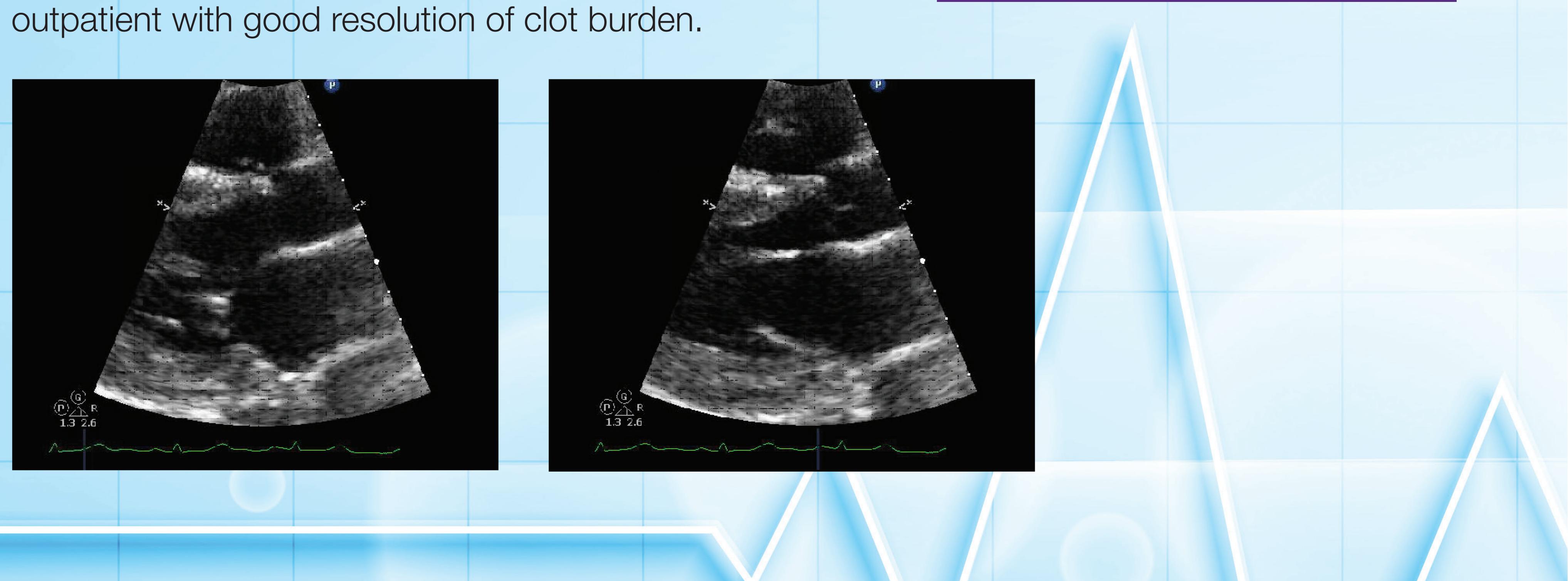
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RESULTS

Throughout her stay, the patient continued to have significant uterine bleeding post-operatively requiring multiple transfusions, as well as developed a large rectus sheath hematoma, making the management of her thrombus challenging. Cardiothoracic surgery reviewed the case and believed that due to the multiple contact points along the RVOT and pulmonary artery that emergent clot removal was not indicated, and that risk for embolization was low. Medical management with heparin was decided upon; the patient was continued on enoxaparin outpatient with good resolution of clot burden.



CONCLUSION

Freely mobile thrombi of the right ventricle are uncommon; treatment modalities include thrombolytics, surgical thrombectomy and anticoagulation and must be determined accordingly based on clinical situation.



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