

PS10 Etičnost medicinski potpomognutog započinjanja novog života koji ugrožava već postojećiKlara Živković^a, Marta Živković Njavro^b, Aljoša Šikić^a, Mia Alerić^c, Marijana Knezović Florijan^a^a *Objedinjeni hitni bolnički prijem, Klinički bolnički centar Sestre milosrdnice*^b *Specijalistička ordinacija obiteljske medicine Dom zdravlja Zagreb Centar*^c *Klinička bolnica Dubrava*DOI: <https://doi.org/10.26800/LV-144-supl6-PS10> Klara Živković 0000-0003-4026-9402, Marta Živković Njavro 0000-0003-3049-4091, Aljoša Šikić 0000-0002-6210-293X, Mia Alerić 0000-0002-8232-7191, Marijana Knezović Florijan 0000-0002-7915-2562

Ključne riječi: in vitro oplodnja; koarktacija aorte; rizična trudnoća; Turnerov sindrom

UVOD: In vitro oplodnja (engl. in vitro fertilisation - IVF) vrsta je medicinski potpomognute oplodnje koja se primjenjuje kod neplodnih parova. Turnerov sindrom nastaje uslijed potpunog ili djelomičnog (mozaici) nedostatka jednog od dva spolna kromosoma (X kromosoma), pri čemu fenotipski nastaje žena. Osim fenotipskih karakteristika i neplodnosti (90 %), kod ovih pacijentica česte su i hipertenzija u starijoj dobi te srčane greške (oko 40 % dijagnosticirana je koarktacija aorte te bikuspidni aortalni zalistak).

PRIKAZ SLUČAJA: 34-godišnja pacijentica, trudna prvi put, javlja se u hitnu trudničku ambulantu radi tahikardije i dispneje. Pacijentica nije imala ginekološke simptome niti je do sada imala pobačaje. U 23. je tjednu trudnoće koja je započeta pomoću IVF metode potpomognute oplodnje (doniranom oocitom). Do pojave navedenih simptoma, trudnoća je bila urednog tijeka redovito praćena od strane ginekologa. U 1. tromjesečju preventivno je primala Fragmin. Pacijentici je kao djevojčici dijagnosticiran Turnerov sindrom. Operirala je koarktaciju aorte s 12 godina te ima dijagnosticiranu hipotireozu posljednjih 15 godina.

ZAKLJUČAK: Stanja visokog rizika za provođenje IVF postupaka su žene sa Marfanovim sindromom, NYHA 3. ili 4. razinom srčanog zatajenja, teškom valvularnom stenozom, plućnom hipertenzijom te koarktacijom aorte. Također, žene s Turnerovim sindromom su pod posebno visokim rizikom razvoja problema sa srčanim žilama tijekom trudnoće, poput rupture aorte. Promjene žila nastale tijekom trudnoće mogu se prevenirati davanjem niskih doza acetilsalicilne kiseline, niskomolekularnim heparinom, nadomjesnim liječenjem kalcijem te n-3 masnim kiselinama.

The ethics of medically assisted initiation of a new life that threatens the existing one

Keywords: Coarctation of the aorta; High-risk pregnancy; In vitro fertilization; Turner syndrome

INTRODUCTION: In vitro fertilization (IVF) is a type of medically assisted fertilization used in infertile couples. Turner's syndrome is caused by a complete or partial (mosaic) lack of one of the two sex chromosomes (X chromosome), whereby a female is born phenotypically. In addition to phenotypic characteristics and infertility (90%), hypertension in old age and heart defects are also common in these patients (about 40% were diagnosed with coarctation of the aorta and bicuspid aortic valve).

CASE REPORT: A 34-year-old female patient, pregnant for the first time, presents to the emergency maternity clinic due to tachycardia and dyspnea. The patient had no gynecological symptoms and no miscarriages. She is in the 23rd week of pregnancy, which was conceived using the IVF method of assisted fertilization (donated oocyte). Until the mentioned symptoms appeared, the pregnancy was going well, and was regularly monitored by a gynecologist. In the 1st trimester, she received Fragmin as a preventive measure. The patient was diagnosed with Turner syndrome as a girl. She had surgery for coarctation of the aorta at the age of 12 and has been diagnosed with hypothyroidism for the past 15 years.

CONCLUSION: High-risk conditions for carrying out IVF procedures are women with Marfan syndrome, NYHA 3rd or 4th level of heart failure, severe valvular stenosis, pulmonary hypertension, and coarctation of the aorta. Also, women with Turner syndrome are at a particularly high risk of developing heart vessel problems during pregnancy, such as aortic rupture. Changes in blood vessels that occur during pregnancy can be prevented by administering low doses of acetylsalicylic acid, low molecular weight heparin, calcium replacement therapy, and n-3 fatty acids.