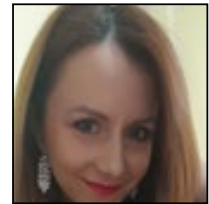


Diagnostic and treatment features for pregnancy in a case of complex maternal cyanotic cardiac malformation



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Biography

Alexandra Maria Tibeica working as a resident doctor at the Obstetric-Gynecology Hospital Cuza-Voda, Iași – ensuring the on-calls under the guidance of a consultant: assistance at birth, surgery. She got her PhDs at "Grigore T. Popa" University of Medicine and Pharmacy, Iași, in the field of medicine, with the research topic "Improving the maternal-fetal prognosis in pregnant women with thrombophilia". She got her bachelor's degree of the Faculty of Medicine, "Gr. T. Popa" University of Medicine and Pharmacy Iași, Romania.

Abstract

This study gives detail on a rare case single congenital ventricle cardiac malformation. A single ventricle or a uni ventricular heart is a complex congenital heart defect with anatomical features that cannot be subjected to ventricular surgical repair. Deformations include; ventricular hypoplasia, atrioventricular valve atresia, ventricle with two ejection channels with a distant ventricular septal defect, or atrioventricular canal. These are all rare disorders affecting one of the ventricles. The ventricle may be smaller, underdeveloped or a valve may be missing. We present the result of a pregnancy case obtained spontaneously in a woman with rare congenital heart malformation, the single ventricle with double ejection, who did not benefit from surgical treatment to repair the cardiac defect and which led to pregnancy up to 32 SA. In this case the patient presented with postpartum pulmonary vascular disease, cyanosis and heart failure. Regarding fetal development, in this case, the woman gave birth prematurely at 32 weeks, through caesarean section due to the modification of the Doppler parameters, It was a successful delivery of a new single live birth, with G = 1100 g, A = 7 (1') - 8 (5'), with tricuspid regurgitation grade I, delayed intrauterine growth due to changes in placental vascularity, respiratory distress due to prematurity, anaemia and jaundice of prematurity.

Publication

Prenatal screening of HIV positive pregnant women under HAART (highly active antiretroviral therapy)

Transvaginal sonography for the diagnosis of adenomyosis determines the choice of the IVF protocol

Thrombophilia and pregnancy: a risk factor for placenta mediated complications?
Electronic Poster Abstracts

Diagnosis of adenomyosis determines the choice of the IVF protocol: Poster discussion
hub abstracts

Placenta previa accreta invading the urinary bladder



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