References


eComment: Acute type A aortic dissection at seven weeks of gestation in a Marfan patient

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I read with interest the case report by Shihata and colleagues [1] regarding combined cesarean section and repair of acute type A aortic dissection. Acute aortic dissection during pregnancy can be serious for both the mother and the fetus with a reported mortality of 1% per hour if untreated [2]. This time-related mortality imposes the need for high degree of suspicion and reliable diagnostic tools. The bedside transthoracic echocardiogram is used for initial diagnosis with sensitivity and specificity of 75% and 90%, respectively [2]. The close relation between the aortic dissection and pregnancy initiated Zeebregts and colleagues [3] to follow these cases over 12 years. They suggested a guideline for management according to the gestational age aiming to save two lives. Before 28 weeks gestation, aortic surgery with the fetus kept in the uterus is recommended. After 32 weeks gestation, primary cesarean section followed by aortic repair at the same setting is the management of choice as in the report of Shihata. We encountered recently a case of pregnant Marfan lady at seven weeks gestation who presented with acute type A aortic dissection. We performed an emergency Bentall operation under hypothermic circulatory arrest (circulatory arrest time was 11 min). The fetus survived the surgery and, at 35 weeks of gestation, the patient underwent an elective cesarean section and delivered a healthy baby. To our knowledge, our case is the first to report a favorable fetal outcome following surgical repair of acute dissection during the first trimester of pregnancy in a Marfan patient [4].

References