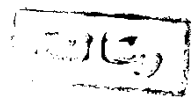
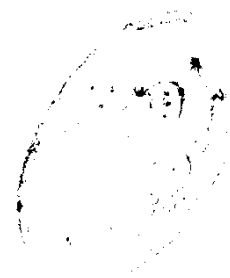
RETROSPECTIVE STUDY OF CASES OF HEART DISEASE WITH PREGNANCY. DURING THE YEAR 1980/1981 MANAGED AT AIN SHAMS HOSPITAL



THESIS

SUBMITTED IN PARTIAL FULFILMENT FOR MASTER DEGREE OF OBSTETRICS AND GYNAECOLOGY



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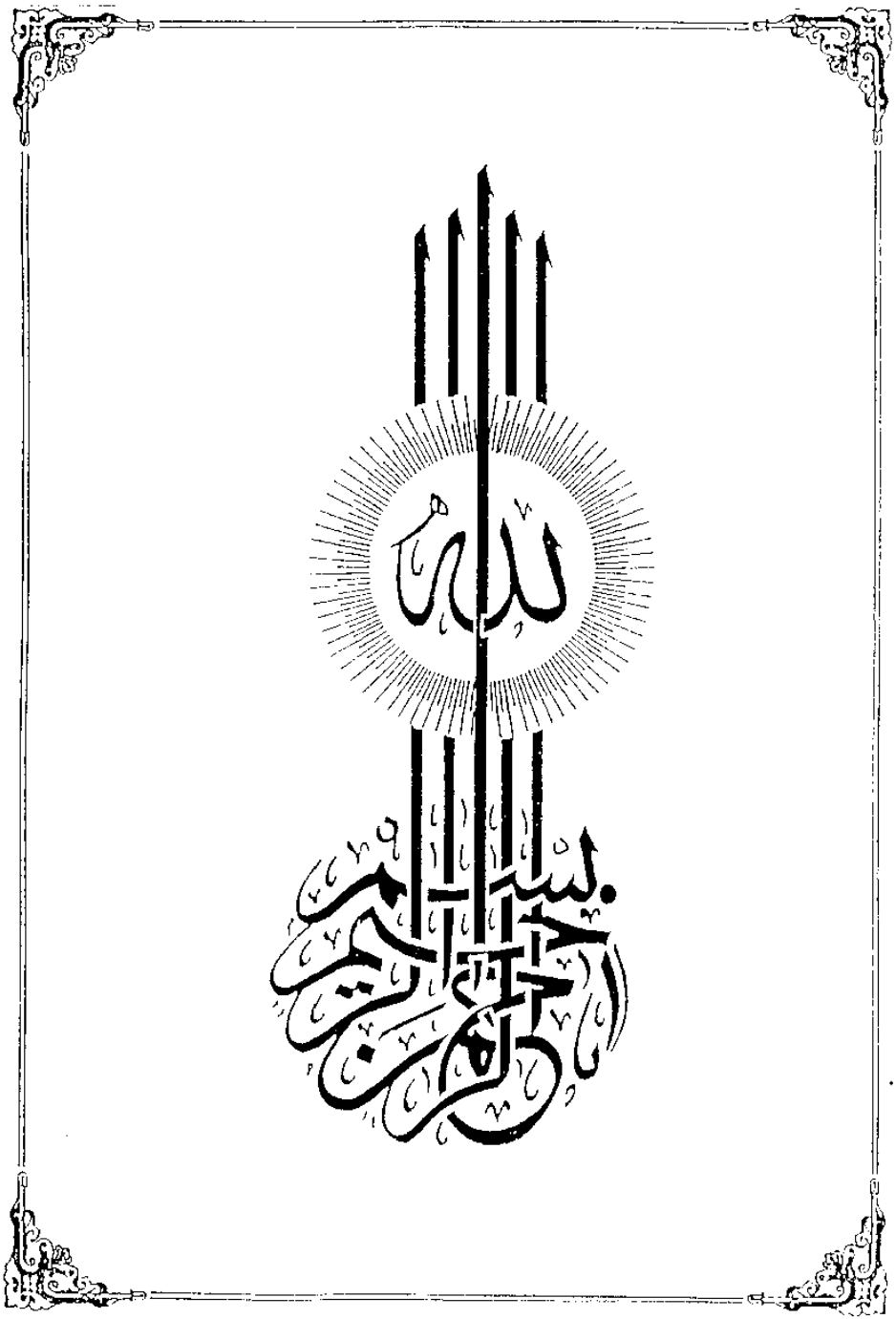

ACKNOWLEDGEMENT

The [illegible] of bringing this work to light goes to my professor Dr. [illegible] Professor of Obstetrics [illegible] Faculty of Medicine, Ain Shams University with whom I had the privilege to work. He has always been a father and advisor. As senior supervisor he made invaluable [illegible], spent, with utmost kindness, many hours [illegible] final form and made several corrections and improvements which made this work much more palatable than it would have been. I am extremely obliged to his continuous guidance especially [illegible] and setting up the plan of the whole work.

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CONTENTS

CONT....

Chapter I

Aim of the work

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Full retrospective statistical study of the cases with heart disease and pregnancy admitted to Obstetric Department of Ain Shams University Hospital(1980-1981) as regards its aetiology, types of valvular lesions, associated diseases, their managment. Also discussion the effect of the age, parity, arrythmias, Previous heart failure on the incidence of heart failur. The methods of termination, the effect of heart lesions on mother and faetus, complications and managment are discussed.

Chapter II

Introduction

HEART DISEASE WITH PREGNANCY

INTRODUCTION

Pregnancy comes as a temporary complication in the disease process of cardiac lesion, a process which, in any case is likely to shorten life. The question at issue is how to prevent so far as possible the additional burden of the pregnant state from accelerating the rate of patient's decline; and this should be the aim of the obstetrician.

Cardiac lesion in pregnant women has always presented a serious problem and it may be a very serious complication of pregnancy leading to maternal death. For this reason pregnancy with heart disease posses special problems for both the physician and obstetrician. With improvment in general medical care there has been a reduction in both the severity and number of other complications of pregnancy. The increasing knowledge and awareness of the circulatory changes in normal pregnant women better management of pregnant cardiacs has become possible. This has manifested by a mark d reduction in the number of therapeutic abortion for heart diseases

Chapter III

Review of litrature

Incidence of Cardiac Diseases in Pregnancy :

It varies from centre to centre and depends largely upon the degree to which minor cardiac lesions are looked for and considered and also upon the subjective interpretation of the minor types of symptoms and signs which a pregnant woman may complain of on antenatal examination. Mac Donald and Williams (1950) estimated that heart disease with pregnancy occurs approximately 1%. Rheumatic heart disease formerly accounted for the great majority of the cases but in recent years congenital heart diseases has become more prevelent. MacRae(1948) reviewing a total attendance of 29,713 patients at Queen Charlotte's Hospital recorded the incidence as 0.8 percent (235 cases) of these, 14 had congenital lesions. Congenital heart diseases are commoner nowadays because of increased survival of such cases. A definite history of rheumatic disease was obtained in 91.1 percent.

Oatham and Price (1962) reviewing 3 500 cases in Glasgow in the years 1949 - 1959, the incidence works out at 3.2 percent of all pregnancies attending their unit. With

[illegible] rise in social standard in western [illegible] [illegible] predominance of rheumatic heart disease [illegible] progressivly less, disease.

[illegible] and Smith (1974) has stated that where as in few decades between 1942 - 1971 the ratio of rhematic to cong-nital heart disease was about 20 - 1 it has changed to [illegible] between 1962 - 1971.

Cardiac disease from hypertension contributes few cases of organic heart disease in pregnancy, where as other variti-ies such as coronary, thyroid, syphilitic and kyphoscoliotic cardiac desease, cor-pulmonal, constrictive pericardities, various forms of heart block and isolated myocarditis are even less common.

David N., et al., ([illegible]) were stated that hypertensive heart disease accounts for about [illegible] of all cases of heart disease with pregnancy. Of all cases of rheumatic heart disease mitral stenosis is the commonest and accounts for more than three - quarters of all cases. When combined with other types of valvular lesions the figure for mitral stenosis

as even higher and Kamy (1952) found it to be present in [illegible] cases.

Aortic incompetence by itself is much less common and account for less than 10% of the cases. Szekely and Snaith (1974) reported that the dominal value lesion in chronic rheumatic heart disease with pregnancy was m.s. in 90% of the cases, M.R. in about 6.5%, A.R. in 2.5% and A.S. in 1 % of the cases. Abd El-Kader F., et al., (1979) recorded that the incidance of heart disease with pregnancy among the obstetric cases admitted to the Ain Shams Hospital during 1978 - 1979 was 0.86%.

[illegible]

[illegible]

a. Heart Rate :

In well controlled pregnant patient serial observation reveal that the heart rate increases gradually reaching a peak 1 to 2 mouth before delivery. It then returns towards the pre-pregnant control level at term. The maximal increase occurs at the seventh month and averages 10 beats permminute. Although greater increase in rate occurs during physical exeration (exercise) even at rest there is a continuously elevated rate throughout most of gestation(Alam, F. etal 1956)

b. Circulation time :

Alam [illegible] this point with dye dilution technique [illegible] and proved that there is a rapid circulation [illegible] by which [illegible] an increased cardiac [illegible] increase in heart rate. This tend to change time [illegible] several seconds or less compared to usual normal [illegible] 15 - 20 seconds. The increased blood velocity [illegible] maximum [illegible] of pregnancy.