JUNCTIONAL TACHYCARDIA AND BUNDLE BRANCH BLOCK PRESENTED IN PERIPARTUM CARDIOMYOPATHY: A DEVASTATING SEQUALAE OF UNCONTROLLED HYPERTENSION IN PREGNANCY

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Introduction: Peripartum cardiomyopathy (PPCM) is a condition when heart chamber dilate and the muscle weakens that associated with pregnancy, showing symptoms of heart failure that happen during last months of pregnancy or within 5 months of delivery.

Methods: Case Report: A 32-year old female presented with palpitations since 4 hours before admission. Other symptoms were dyspnea and nausea. The patient has recently given birth about one week before admission. During ANC her known highest BP was 140/90 mmHg and it was uncontrolled. Physical examination showed BP 130/100 mmHg, HR 160 bpm, RR 22x/min, gallop(-), murmur(-), and edema(-). ECG showed junctional tachycardia, incomplete RBBB, T inverted in lead II, III, aVF, and V2-V4. Laboratory result: leukocyte 11.380 mg/dL. No echocardiography was done because of limited resource in the hospital. The patient was treated with fluid restriction, Digoxin IV, furosemide, spironolactone, and ECG was evaluated every 4 hours. Junctional tachycardia and RBBB in patient resolved spontaneously.

Result: Risk factors for PPCM are older maternal age (over 30 years old), multiparity, multifetal pregnancy, high blood pressure, and use of certain medications to prevent premature labor. In this case, the patient has some risk factors for PPCM those are the patient age is 32 years old which is a high risk factor of PPCM, this pregnancy was her second pregnancy (multiparity), and the patient had a history of high blood pressure with known highest blood pressure of 140/80 mmHg. The patient didn't take any antihypertensive medications for her hypertension and this could lead to PPCM. To prevent the hypertension become PPCM, a pregnant patient with hypertension must control her blood pressure with adequate antihypertensive medication. Junctional tachycardia and RBBB maybe caused by dilated chamber in PPCM and will be resolved spontaneously.

Conclusion: Pregnant women should do antenatal care during pregnancy so if there are problems in her pregnancy the problems can be treated adequately so there are no further complications in her pregnancy or even after the pregnancy.