

Case Stem

33 year old white woman with 36 weeks IUP and severe hypertrophic obstructive cardiomyopathy (IHSS or HOCM), asthma and h/o closed head injury with VP-shunt presents for consult.

PMH:

- HOCM diagnosed at age 31 by echocardiography.
 - 2 deceased family members from sudden death
 - syncope x 2
 - 5-pillow orthopnea
 - angina at rest, esp with tachycardia
 - recurrent atrial tachycardia managed with verapamil (atenolol more effective but causes wheezing)
- Asthma aggravated by beta blockers
- CHI with VP Shunt placement from MVA in 1995; No residual neurologic deficits

Echo

- EF 60-65%
- Severe septal hypertrophy
- Normal systolic function
- Impaired LV relaxation
- No WMA
- Mild MR
- 25mmHg LVOT gradient

Anatomy / physiology of HOCM? Effect of pregnancy? Effect of labor/pushing?

Spontaneous vaginal delivery vs Induction vs Cesarean?

Regional analgesia for vaginal delivery? Cesarean?

Monitoring?

What if uterine atony develops?

Post-op concerns?