

WHEN EPISTAXIS ATTACKS:

Obstetric Care Turns
Pulmonary/Critical Care

INTRODUCTION

- Pulmonary hypertension (PH) is a rare cause of hypoxia in post-partum (PP) period.¹
- Presented = A case of Hereditary Hemorrhagic Telangiectasia (HHT) that presented as postpartum (PP) PH and high-output heart failure (HF).
- Only after further questioning was a connection made to recurrent epistaxis.

CASE PRESENTATION

22yo G1 now P1 after a term

cesarean-section:

- Delayed-onset [PP] pre-eclampsia with severe features. Discharged after 24hr IV Magnesium.
- 2wk PP ROS = exertional dyspnea, chest pain, cough, fatigue
 - Hypoxia (SpO_2 92%)
 - CXR = diffuse alveolar opacity
 - CT-PE in the ER (no PE)
 - Poor response to community acquired pneumonia treatment
- Concern for heart failure (HF)
 - Diuresis with some improvement (furosemide)
 - Echo: ejection fraction 75%, **Right ventricular systolic pressure 64mmHg**
 - Transfer catheterization
 - Successful diuresis and resolved PH.

ADDITIONAL CASE DETAILS

- Readmission: Recurrent hypoxia & HF with response to diuresis, again.
 - 3-phase liver CT for prior incidental findings = **Hepatic arteriovenous shunt**, and more (Figure 1)
- Further questions reveal **worsening recurrent epistaxis**

- Scholarly Question:** Should women with recurrent epistaxis during pregnancy be tested for HHT?
- Epistaxis in pregnancy is common – therefore often overlooked as a symptom of something more.
- Not all pregnant women with recurrent epistaxis should be tested for HHT, but beware of writing everything off as normal.

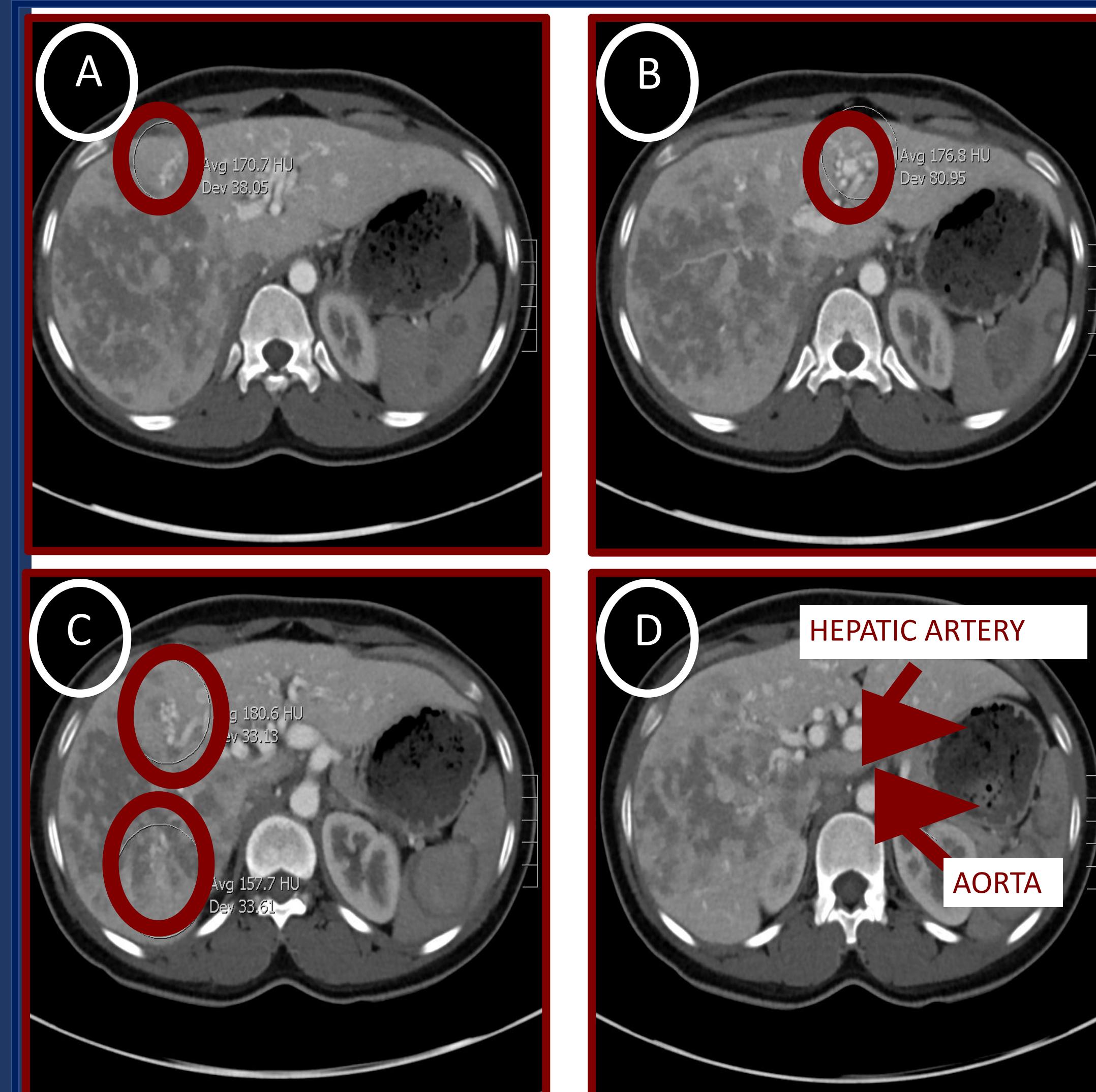


Figure 1: Three-phase liver CT obtained on second admission. Note four examples of hepatic AVM (circled, A-C). Significantly dilated hepatic a. when compared to aorta (D). Numerous other additional findings for discussion (e.g. delayed enhancement of hepatic parenchyma).

FURTHER DISCUSSION

- PH is a rare PP complication
 - Mortality 12-38%¹
- Autosomal Dominant HHT is rare³ - 1 in 5k-8k worldwide.
 - Only 2 other cases of PP PH⁴
 - Hallmark = **Multisystem AVM**
 - Presentation = **Epistaxis**
 - This is the 1st published case after PP pre-eclampsia.

CONCLUSION

- Consider PH for pregnant & PP patients with HF and no cardiac history.
- With this constellation, ask about recurrent epistaxis and think hard about HFpEF causes which include AVMs and therefore HHT.

REFERENCES

Take a picture to download the references, abstract, & supplemental materials.



DISCLOSURES: None.