



# WHEN EPISTAXIS ATTACKS: Obstetric Care Turns Pulmonary/Critical Care



## INTRODUCTION

- Pulmonary hypertension (PH) is a rare cause of hypoxia in postpartum (PP) period.<sup>1</sup>
- 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.

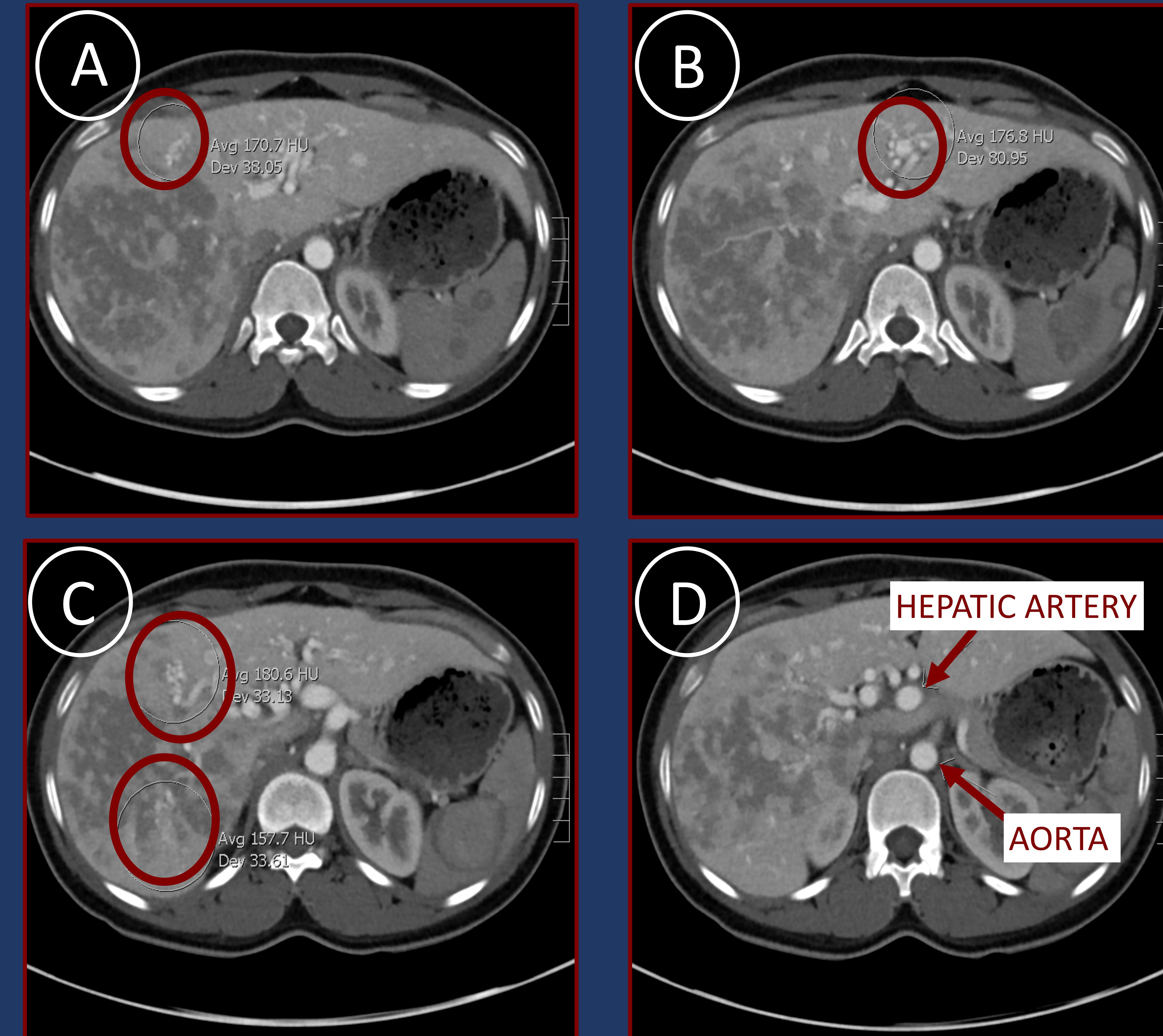
## CASE PRESENTATION

### 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 ( $\text{SpO}_2$  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**
- Referral to HHT specialist. Genetic test confirm diagnosis



**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

- Causes of PP hypoxia and/or dyspnea:**<sup>2</sup>
  - Many. Can you name some?
- PH is a rare PP complication
  - Mortality 12-38%<sup>1</sup>
- Autosomal Dominant HHT is rare<sup>3</sup> - 1 in 5k-8k worldwide.
  - Only 2 other cases of PP PH<sup>4</sup>
  - Hallmark = **Multisystem AVM**
  - Presentation = **Epistaxis**
  - This is the 1st published case after PP pre-eclampsia.

## CONCLUSION

- Epistaxis in pregnancy is common – therefore overlooked.
- Not all women with recurrent epistaxis should be tested for HHT, but beware of writing everything off as normal.
- 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.



## SCHOLARLY QUESTION

Should women with recurrent epistaxis during pregnancy be tested for HHT?

**DISCLOSURES:** None.