



WHEN EPISTAXIS ATTACKS: Obstetric Care Turns Pulmonary/Critical Care



INTRODUCTION

- Pulmonary hypertension (PH) is a rare cause of hypoxia in postpartum (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 (**SpO₂ 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

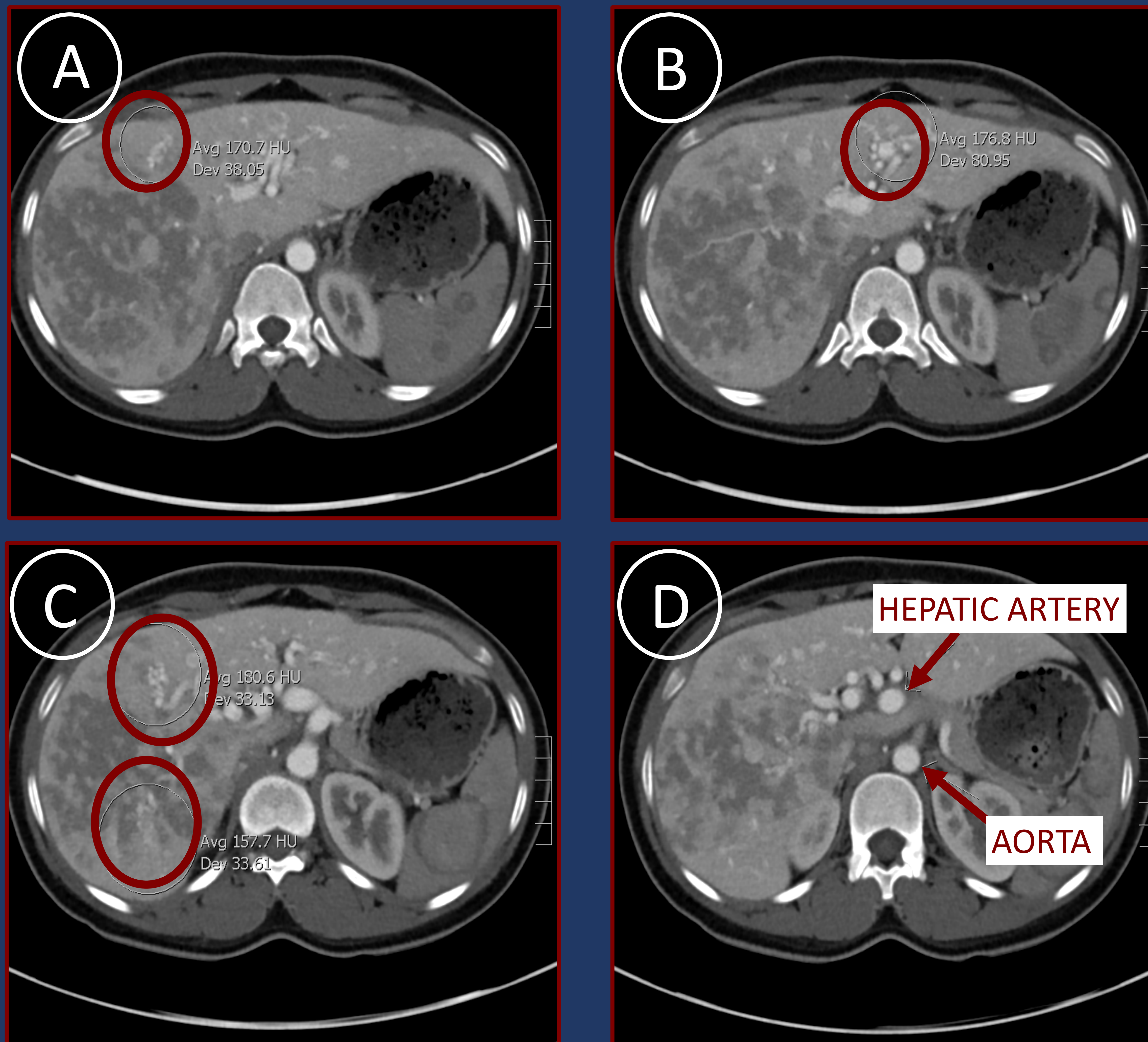


Figure 1: Three-phase liver CT obtained on second admission. Note four examples of hepatic AVM (circled, A-C). Significantly dilated hepatic a. when compared to aorta (D). Numerous other additional findings for discussion (e.g. delayed enhancement of hepatic parenchyma).

SCHOLARLY QUESTION

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

FURTHER DISCUSSION

- **Causes of PP hypoxia and/or dyspnea:**²
 - Many. Can you name some?
- 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

- 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.



DISCLOSURES: None.