A Pregnant Woman With Prosthetic Valve Thrombosis and Ischemic Stroke

Gonçalo Morgado, Maria José Loureiro, Ana Rita Almeida, Rita Miranda, Carlos Cotrim, Hélder Pereira.

Hospital Garcia de Orta, Almada, PORTUGAL.
Clinical Case - 24 year old female

2003
- Rheumatic severe mitral stenosis
- Heart surgery with Bioprosthesis

2011
- Bioprosthesis degeneration with Heart failure
- Two medically induced abortions

2012
- Prosthetic replacement with mechanical bileaflet valve and tricuspid annuloplasty ring
- Discharged on Acenocoumarol 3-4mg/day
Clinical Case - 24 year old female

August 2013

- 5 weeks pregnancy
- Replaced Vitamin K antagonist for Enoxaparin 60 mg/day

October 2013

- 11 weeks pregnancy
- Sudden right hemiparesis
Work up in the Emergency Room

Obstetrics
- Ultrasound confirmed 11 weeks pregnancy

Neurology
- Right hemiparesis
- Right central facial palsy
- Moderate dysarthria
- Normal Cranial CT scan

Cardiology
- Normal prosthetic sounds
Decision-making

Which is the most likely diagnosis?

What would you do next?
TEE
Diagnosis

Non Obstructive Prosthetic Valve Thrombosis

• Complicated with Embolism
Treatment Options

- Perfusion of unfractionated heparin
- Terminate pregnancy
  - Refused
- Surgery
  - Would be her third heart surgery
  - High risk of miscarriage
- Fibrinolysis
  - Repeated embolism
  - Hemorrhagic stroke
  - VKA therapy
  - Risk of miscarriage
Evolution

- Complete deficit resolution in 36 hours
- Normal Cranial CT scan
- Medical therapy with Warfarin plus ASA
Reevaluation TEE
TEE before discharge
Conclusion

- The appropriate treatment strategy for Prosthetic Valve Thrombosis depends on hemodynamic stability, the degree of obstruction and the presence of systemic embolism.
- Conservative treatment may be appropriate for Non Obstructive Valve Thrombosis.