Thromboembolism after partus praetemporarius spontaneus

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INTRODUCTION

J.P.female, 33 years old, non smoker with history of partus spontaneous after in vitro fertilization, before two weeks, with chest pain and dyspnea was hospitalized in unit of intensive coronary care.

AIM

Thromboembolism after partus pretemporarius spontaneous is not unusual but need multidisciplinary treatment.

MATERIAL AND METHODS

Echocardiography EF=68%, small pericardial effusion of 2mm behind posterior wall, ECG, Laboratory findings: D-dimer=1480…1883…2080…3710; LDH=276, CK=64, CRP=194…54,2…21,6, Chol=5,35, Trig=2,3. RTG pulmo et cor – decreased pulmonary transparency of right, CT pulmoangiography – was technically bad. Right on the subsegment branch of truncus pulmonalis there was small defect, also there were triagonal zones of mosaic attenuation suspected for pulmonary thromboembolism. Echo of abdominal and urogenital tract and consulted gynecologist for several times.

RESULTS AND CONCLUSION

This patient was treated at department of intensive coronary unit with anticoagulant therapy, bronchodilatators, oxygen and antibiotics. With agreement of gynecologist that was involved in this case the patient was transferred to department of gynecology for treatment of residual bleeding after partus. Gynecology findings: Stenosis cervicis. Small and residual blood in cavum uteri. Because of blood in cavum and increased d-dimers and in consultation with transfusiologist the patients is recommended for intervention.