



## Case Report

# Successful recovery after amniotic fluid embolism in a patient undergoing vacuum-assisted vaginal delivery<sup>☆</sup>



Eric M. Wise MD (Resident)\*, Ricky Harika MD (Resident),  
Fatima Zahir MD (Associate Professor)

Department of Anesthesiology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

Received 3 January 2015; revised 5 May 2016; accepted 7 June 2016

### Keywords:

Amniotic fluid embolism;  
Extracorporeal membrane  
oxygenation;  
Pregnancy

**Abstract** Amniotic fluid embolism (AFE) is a rare, catastrophic emergency that requires prompt recognition and treatment. Despite early recognition and supportive therapy, the morbidity and mortality remain high. We report a case of AFE after vacuum-assisted vaginal delivery resulting in hemodynamic collapse and subsequent multiorgan failure. Management included mechanical ventilation, extracorporeal membrane oxygenation, and continuous veno-venous hemodialysis. The patient was able to make a full recovery with minimal sequelae. In AFE with multiorgan failure, extracorporeal membrane oxygenation and continuous veno-venous hemodialysis can be valuable therapies. Proper management requires effective communication and the combined efforts of physicians of several disciplines.

© 2016 Elsevier Inc. All rights reserved.

## 1. Introduction

Amniotic fluid embolism (AFE) is a rare but potentially devastating obstetrical complication that occurs in 4 to 6 per 100,000 live births [1]. In the rare instances when it occurs, the resulting mortality rates are between 25% and 80% [1], and it is associated with long-term neurologic morbidity in survivors.

We report a case of AFE after vacuum-assisted delivery complicated by multiorgan failure requiring extracorporeal membrane oxygenation (ECMO) and continuous veno-venous hemodialysis (CVVHD). The patient has reviewed the case report and has given permission for the authors to publish this report.

## 2. Case description

A 34-year-old full-term healthy primagravida with an uncomplicated antenatal history presented to a tertiary care hospital labor and delivery suite with spontaneous rupture of membranes at 39 weeks and 4 days. Stage 1 of labor was protracted lasting 25 hours and complicated by nonreassuring fetal heart rate tracings. The decision was made to transfer the patient to the operating room (OR) for an attempted vacuum-assisted vaginal delivery.

<sup>☆</sup> Disclosures: Drs. Wise, Harika, and Zahir have no financial disclosures/ conflicts of interests. No outside funding was used for this project.

\* Correspondence: Eric M Wise, MD, Department of Anesthesiology, University of Pittsburgh School of Medicine, UPMC Kaufmann Bldg, Suite 910, 3471 Fifth Avenue, Pittsburgh, PA 15213, USA. Tel.: +1 412 958 7128; fax: +1 412 692 4515.

E-mail address: [wisem@upmc.edu](mailto:wisem@upmc.edu) (E.M. Wise).

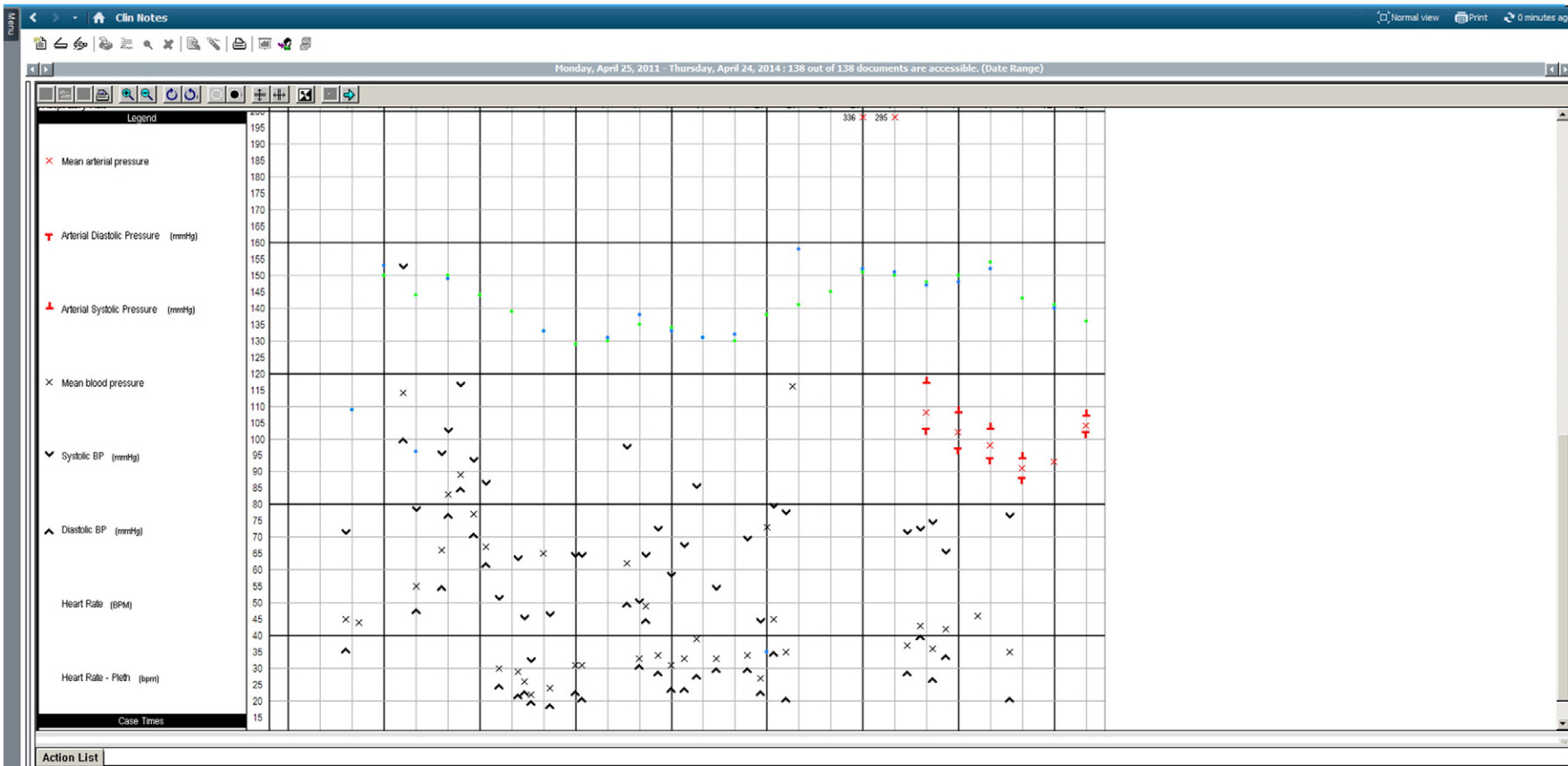


Fig. 1 Vital signs from the anesthesia e-record.

Download English Version:

<https://daneshyari.com/en/article/5884624>

Download Persian Version:

<https://daneshyari.com/article/5884624>

[Daneshyari.com](https://daneshyari.com)