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A 36 y/o G5P2 parturient at 40 weeks was admitted for induction of labor due to polyhydramnios. Standard epidural placement was followed by mental status changes that quickly progressed to unresponsiveness and circulatory collapse. Emergent cesarean section was performed while providing CPR. Following delivery, the patient developed uncontrollable uterine hemorrhage. Transesophageal echocardiography demonstrated a large right pulmonary artery thrombus, a dilated hypokinetic right ventricle with tricuspid regurgitation, and a hyperkinetic left ventricle. In addition to massive transfusion, emergent pulmonary embolectomy with cardiopulmonary bypass was performed. Despite mild cognitive deficits, the patient made a rapid recovery.

References:
An upper esophageal view of the right pulmonary artery at 0 degrees