

Postpartum Cardiomyopathy in a Pediatric Patient: A Case Report

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This is a case of a previously well 16-year-old female, 5 months post partum, who presented with cough, dyspnea, easy fatigability, and orthopnea. On PE, she had signs of cardiorespiratory distress such as: tachypnea, tachycardia, hypoxia at room air, and chest retractions. She had decreased breath sounds and coarse crackles on both lung fields. Cardiac findings revealed a displaced apex beat at the 6th intercostal space, midclavicular line. She also had grade 2 bipedal non-pitting edema. The 2D Echo with Doppler revealed a dilated cardiomyopathy with a markedly dilated left ventricle, poor left ventricular systolic function with an ejection fraction of 37%, no pericardial effusion, and multivalvular regurgitation. She was started on L- carnitine 330 mg/ tab 3 tabs Q8, captopril 25 mg OD, and furosemide 40 mg OD. On the 8th hospital day, the patient was discharged stable and improved with a final diagnosis of: Postpartum Cardiomyopathy with Congestive Heart Failure, Functional Class IV. She was sent home on the following medications: L- carnitine 330 mg/ tab 3 tabs Q8, Digoxin 0.25 mg/ tab, ½ tab Q12, captopril 25 mg/ tab OD and furosemide 20 mg/ tab OD. She was advised to continue breastfeeding, and to avoid strenuous physical activities. The patient followed up after 4 months with a repeat 2D echo that showed marked improvement of her ejection fraction from 37 to 55% and a decrease in her LV end diastolic dimension.

Biography

Christine E. Vigonte, MD, MPM, completed her degree in Medicine at Emilio Aguinaldo College- Faculty of Medicine in 2013. After passing the Physician Licensure Examination in 2014, she immediately joined the Department of Health- Doctors to the Barrios and completed her Masters in Public Management Major in Health Systems and Development from Development Academy of the Philippines in 2016. Currently, she is a Pediatrics Resident at Mandaluyong City Medical Center, Philippines.

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