IS-64  Severe maternal hydronephrosis: Diagnostic value of MRI for the rare complication in pregnancy

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Objective: Hydronephrosis during pregnancy is very rare. As a cystic mass, it might be misdiagnosed as adnexal tumor. Materials and Methods: A 31-year-old primigravida was told to have a pelvic cystic mass at 28th week of gestation without symptoms as backsoriness, back pain or hematuria. The pelvic mass was first diagnosed as ovarian cyst by ultrasound examination. Further magnetic resonance imaging (MRI) study revealed severe hydronephrosis with paper skin cortex of left kidney measured about 18.3 × 28.8 × 20.5cm. The pregnancy was kept ongoing under close observation. Result: Cesarean section was performed at term due to cephalopelvic disproportion. Nephrectomy was performed after delivery and ureteropelvic junction obstruction was confirmed. Conclusions: Severe hydronephrosis in pregnancy may mimic huge adnexal mass and MRI can help different diagnosis. Conservative management of relieving hydronephrosis enable the pregnancy ongoing to term.

IS-65  Ventricular septal defect associated Eisenmenger syndrome in a pregnant woman

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Introduction: Pregnancy in the women with pulmonary hypertension or Eisenmenger's syndrome have high mortality rate of maternal and fetal death so that interruption of pregnancy is usually suggested. We reported a case of 36-year-old women with Eisenmenger's syndrome who gave birth at 29 weeks of gestation via normal spontaneous delivery. The extracorporeal membrane oxygenation was established after cardio-pulmonary collapse. Case report: A 36-year-old women, gravida 1, para 0, pregnancy at GA 29 weeks, was referred to our ER due to fever, dyspnea, cyanosis and occasional abdominal pain. Tracing back her history, she was an immigrant from China and just came to Taiwan about 3 months before admission. She was a victim of ventricular septal defect and never received follow-up. Progressve exertional dyspnea, extremities cyanosis and clubbing finger were noted since early pregnancy. At ER, the body temperature was 39°C and the O2 saturation was around 80%. The echocardiography showed large type II ventricular septal defect with severe pulmonary hypertension and highly suspect Eisenmenger's syndrome. CV, PED CV, CVS and OBS GYN department were consulted. She was admitted at pediatric intensive care unit (PICU) for infection and heart failure control. The decision was given to improve fetus lung maturity. However, precocious normal spontaneous delivery was happened hours later at our PICU. The patient suffered from sudden collapse when the placenta was delivered. Although the extracorporeal membrane oxygenation (ECMO) support was established successfully after cardiopulmonary resuscitation for 45 minutes, the patient still passed away 12 days later. Fortunately, the patient's baby was delivered at our PICU and received adequate prematurity care so that he got discharged without any complication. Discussion: The mortality rate of pregnant women with Eisenmenger's syndrome can up to 40%–60%. The volume expansion during pregnancy can deteriorate the cardio-pulmonary function. The pain at delivery will increase heart stress. The blood loss and placenta delivery will change the hemodynamics a lot which play an important role in sudden onset of cardiopulmonary collapse. In our knowledge, the patients with Eisenmenger's syndrome should prevent to pregnant. If the patient refused medical recommendation, she needs to receive regular follow up at OPD. Although some literatures reported successful delivery in regional anestheisa with NSD, we suggest elective cesarean section under general anesthesia to prevent heart function deterioration caused by anxiety and labor pain. ECMO support with adequate volume resuscitation during cesarean section will let the procedure done more safely.

IS-66  Episodic angioedema associated with eosinophilia and pregnancy: A case report

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Episodic angioedema associated with eosinophilia (EAE) is a rare disease, characterized by recurrent angioedema, urticaria, fever and markedly high level of eosinophilia. Many reports for EAE were easily available, but few papers referred to pregnancy with EAE were published. We here present a case of EAE associated with pregnancy. The patient was a 36-year-old Japanese woman in her first pregnancy. She had been diagnosed as EAE at 20-year-old, then she had been cared for at the Department of Internal Medicine. She had taken a turn for worse every two or three menstrual periods and had treated with prednisolone and furosemide. She conceived spontaneously and came to our department. We had carefully checked her physical condition and her laboratory data. During her period of pregnancy, she had sometimes developed a fever, but with the exception of fever, no troubles had been found and her pregnant course was fair. At 41 weeks of gestation, she spontaneously delivered a female baby vaginally. Both the mother and the infant were discharged with no complication. EAE is an uncommon disease, and it is still unknown how EAE would affect to pregnancy or how pregnancy would affect to EAE. On the other hand, some patients of EAE are young; so they would want to conceive and have a child. This case report suggested there was some possibility that patients of EAE could have a child.