In The Name of God

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Surgical Treatment of Acute Pulmonary Emboli In Pregnancy



* Acute Pulmonary Emboli is occupation

of Pulmonary vasculature by clot.

* Pain- Fever- Tachycardia- Dyspnea-

Anemia

* Hypoxia- Cardiogenic Shock and Arrest

Diagnosis of PE:

* Lab: CPKMB- Troponin I - D Dimer-

NU Peptide

* Imaging: CT- MRI- Scan- Angio

* Echo: TTE- TEE

Acute Pulmonary Emboli:

* Mild PE

* Massive PE (Obstruction of over than 50% of pul. Vas.)

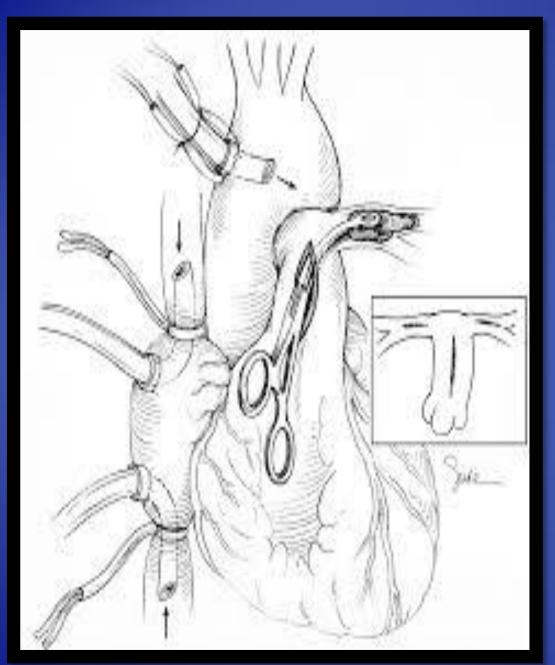
* Sub Massive PE (the most common mismanage PE)

Often managed with repeated Echocardiography (High PAP- RV Dysfunction- TR- Obvious Clot)

Treatment of Acute Pulmonary Emboli : * Anti coagulant therapy: Heparin or LMWH or fast acting non heparin anticoagulant (argatroban) * Fibrionlytic therapy * IVC of SVC filter * Catheter Embolectomy * Surgical Embolectomy

Indications of surgical Embolectony:

* Failure of Anticoagulant and Fibrinolytic therapy if clot detected in heart or Extra Pulmonary PA * Sub Massive PE Without Response to Anticoagulant and Fibrinolytic therapy * Massive PE if PFO or clot detected in heart or PA





History of surgical pulmonary Embolectony: * Cardiac surgery is very young course of surgery

* A few cases are in interment review of literature

* Surgery can severely decreased mortality and morbidity of massive and sub massive PE.

Surgical Treatment of Acute Pulmonary Emboli in Pregnancy: 1- Anti coagulant therapy (Heparin or LMWH or fact acting non Heparin) 2- Fibrinolytic therapy ???? 3- Catheter thrombectomy ??

4-Surgical thrombectomy in massive or sub massive PE with clot in heart or extra PA branches: * Viable fetus age: - Cesarean Section and Embolectomy - Embolectomy alone * Non viable fetus age: - Embolectomy

Extra Corporeal membranous oxygenation (ECMO) Cardio help



Indications of ECMO:

* Acute massive or sub massive PE

* Acute MI (Cardiogenic Shock)

* Contusion Lung (Lung Trauma)

* Catastrophic Events in Angiography Room

* Post cardiac Surgery Heart Failure