

P220. Acute pulmonary oedema in pregnant women with the use of beta-agonists

D Bursac (HR) [1], D Lucic (HR) [2], J Zmijanac Partl (HR) [3], Z Duic (HR) [4]

Introduction: Premature birth is the major cause of perinatal mortality and morbidity. Various tocolytics are used for the inhibition of premature labor. In Croatia the most commonly used are beta-agonists whose most serious side effect is pulmonary edema. The major causative agent of toxin-induced lung edema seems to be volumetric overload with cardiac disturbances and increased capillary permeability. We present the case of a 27-year-old pregnant woman who developed lung edema after the use of tocolytics during pregnancy.

Case report: Twenty-seven-year-old pregnant woman, G3P2, was admitted to hospital due to abundant vaginal bleeding at the 26th week of pregnancy. Her anamnesis was plain, with no allergies. Until admittance, patient had a regular course of pregnancy. Therapy was initiated with the infusion of crystalloid solution 0,9% NaCl 1000 ml with Phenoterol, corticosteroids (Dexamethason 4x6mg during 48 h) for fetal lung maturation and transfusion 720ml concentrated filtered erythrocytes for the correction of anemia. Nine hours after completion of Phenoterol therapy and 24 hours after blood transfusion a clinical picture of pulmonary edema developed. The patient was transferred to the intensive care unit. A diagnosis of non-cardiogenic bilateral edema of the lungs was established. Low molecular weight heparin, diuretics and albumin were introduced into therapy. At 28th week of pregnancy, after 12 days of hospitalization patient recovered and was discharged from hospital. She delivered spontaneously a male newborn 3900g / 52cm, Apgar score 10/10. The early postpartum course was uneventful.

Conclusion: The primary purpose of tocolytics is to postpone premature delivery until the corticosteroid therapy for fetal lung maturation is applied. There is no ideal tocolytic agent, and application of beta mimetic can cause severe complications. In our case, lung edema can be attributed to several factors (administration of tocolytic drugs, abnormal bleeding, transfusion). By reporting this case, we want to point out possible complications of tocolysis accompanied by other volume expanding therapies during pregnancy.

[1] University Hospital Merkur, Zagreb, [2] University Hospital Merkur, Zagreb, [3] University Hospital Merkur, Zagreb, [4] University Hospital Merkur, Zagreb