

Pernicious Pregnancy: Type B Aortic Dissection in Pregnant Women

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August 17, 2020

Abstract

Type B Aortic Dissection (TBAD) occurs seldomly in pregnancy, but has disastrous consequences for both mother and fetus. The focus of immediate surgical repair of Type A Aortic Dissection due to higher mortality of patients is less clear in its counterpart, TBAD, in which management is controversial and debated. Risk factors for TBAD include: aortic wall stress due to hypertension, previous cardiac surgery, structural abnormalities (bicuspid aortic valve, aortic coarctation), and connective tissue disorders. In pregnancy, pre-eclampsia is a cause of increased aortic wall stress. Management of this condition is often conservative, but this is dependent on a number of factors, including gestation, cardiovascular stability of the patient, and symptomology. In most cases, a Caesarean section prior to intervention is carried out, unless certain indications are present. Due to a scarce number of cases across decades, it is difficult to determine which management is optimal. This article collates knowledge so far on this rare event during pregnancy.

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