

2021 Quarter 3 Exemplary Care – Case 2

The patient was admitted via ER with complaint of DOE, marked peripheral edema and significant (new) hypertension, and bradycardia. She was NOT hypoxic.

- Labs did not show proteinuria, or thrombocytopenia, although liver transaminases were mildly elevated.
- CT PE protocol was negative and transthoracic echo notable only for mild pulmonary HTN in absence of valvular disease or evident RV or LV systolic or diastolic function.
- BMPs however were elevated.
- Normal peripartum course may include increased edema, but new HTN, bradycardia, elevated BMP, and DOE are atypical.

This does indeed, appear to be an instance of delayed post-partum preeclampsia without severe features, but with total body water overload and HTN just sufficient to cause symptomatic pulmonary HTN without clinical pulmonary edema.

The patient improved with aggressive diuresis and was discharged uneventfully. Because of the atypical presentation she does deserve close ongoing post-discharge surveillance which was appropriately arranged. Care appears to have been optimal at every level.



Ruth Yemane, MD
OB/GYN