

Cardiovascular Therapy: Open Access

Case Report

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Peripartum Cardiomyopathy: Four Case Reports with Different Outcomes

bromocriptine or cabergoline) might be particularly advantageous in selected cases [13-18]. Unfortunately, mainly because of its rare incidence and heterogeneous presentation, PC still remains a weakly characterized and poorly understood clinical entity.

The following reports illustrate three consecutive cases of patients referred to our center (Heart Transplant Unit, S. Camillo Hospital, Rome – Italy) who were all diagnosed with PC but who followed completely different clinical courses. Notably, general characteristics as well as the main echocardiographic and lab data are all reported in Table 2.

Case Report 1

A 30-years-old, primiparous, Caucasian female admitted for cardiogenic shock to the Emergency Department (ED) one day after giving birth (caesarean section). The patient was in relatively good health until the day of delivery, when she developed rapidly progressive dyspnea (NYHA functional class IV), supraventricular tachycardia (heart rate 130 bpm), and marked hypotension. Upon arrival, the patient was immediately intubated and transferred to our Intensive Care Unit (ICU) for treatment. At the admission, since that the patient remained in shock with severe lactate acidosis despite administration of noradrenaline, dobutamine, and levosimendan, an intra-aortic balloon pump (IABP) was percutaneously inserted. Moreover, on the basis of a high circulating plasma levels of prolactin, and also by considering the early timing postpartum (just one day), a dopamine D2 receptor agonist was promptly administered (cabergoline 1 mg, single dose).

Finally, the patient for dyspnea class IV 09 d43ment prosec, supraventricular tachycardia

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an implantable cardioverter de brillator as secondary prophylaxis of sudden arrhythmic death. erea er, she was referred to our department for treatment prosecution and, mainly, to evaluate her

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