Preexisting left bundle branch block as a risk factor for left ventricular systolic impairment during pregnancy – case report

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A 36 year old woman with preexisting left bundle branch block (LBBB) and decision for second pregnancy has been presented. There were no structural and functional heart abnormalities with left ventricular ejection fraction (LVEF) >55% and preserved coronary reserve. She was symptomless till 32nd gestational week. Then, she began to feel malaise, with shortness of breath. Echocardiography revealed mild left ventricular (LV) dilation with decrease of LV ejection function to 45%. Elective caesarean section was indicated in 36th gestational week because of heart failure symptoms and deterioration of LV systolic function. After the delivery the patient had clinical and echocardiographic improvement.

Our case report reveals that LBBB in a pregnant woman should be taken seriously and may be associated with development of cardiomyopathy with overt heart failure during pregnancy, so pre-pregnancy counseling is highly advised in these patients.

LITERATURE