

91%. When a cut-off of 5.25mmol/L was used, the sensitivity and specificity to diagnose either diabetes or pre-diabetes was 55% and 87%; to diagnose diabetes only was 88% and 84%.

Conclusion

FPG has low sensitivity and specificity for the diagnosis of diabetes compared to 2-hr plasma glucose in OGTT. The sensitivity may be increased by lowering the cut-off values.

PP8 Management outcome of cardiomyopathy in pregnancy- A Sri Lankan experience

Wijeyaratne CN^{1,2}, Jayasundara DMCS², Ekanayake R², Palipane EG, Jayasinghe, S².

¹Department of Obstetrics and Gynaecology, Faculty of Medicine Colombo, Sri Lanka

²De Soysa Hospital for Women, Colombo, Sri Lanka

Introduction

Cardiomyopathy in pregnancy is rare (1:15,000) and can be extremely hazardous (50% mortality) with adverse feto-maternal outcomes. Rarity of cases results in lack of common consensus regarding their management. Descriptively analysing these women will enable us to understand this condition more clearly.

Objective

To assess the management-outcomes of cardiomyopathy in pregnancy

Method

A retrospective study of consecutive pregnant women with cardiomyopathy including peripartum cardiomyopathy (PCM) managed at a tertiary care unit from 2006-2010.

Results

There were 14 cases with a Median age 30 (IQR=7.25). 50% were more than 30 years and 21.4% were more than 35 years. Median gestations were 2 (IQR=2), with two primigravidae. PCM occurred in 7 (50%); others -dilated in 4 and hypertrophic in 3. Five

PCM patients were diagnosed during the index pregnancy, two during previous pregnancies with recurrence.

Median EF of PCM was 43% (IQR=9), hypertrophic 45% (IQR=0) and dilated 35% (IQR=21.25). Two (16.67%) had EF more than 55% with 9(75%) less than 45%. One patient had mild pulmonary hypertension. Four (28.6%) developed gestational hypertension; another had chronic hypertension. AV valve regurgitation occurred in 10 (mitral); 6 (tricuspid). Four had arrhythmia. IUGR occurred in the mother with chronic hypertension; all others had adequate foetal growth.

All received multidisciplinary ICU/HDU care. Mean duration at hospital was 21±13 days, mean duration in ICU was 4±1.7 days. Twelve (85.71%) received heparin and ten (71.42%) diuretics.

Pregnancy Outcome

Two were terminated for severe maternal decompensation.

Twelve (85.7%) had live births where 8 (66.7%) were term and 4(33.3%) were preterm. Nine (75%) had caesarean delivery and 3 vaginal deliveries. All received epidural anaesthesia.

Median birth weight was 2.498kg (IQR=1.05); 6 babies required Special Baby Care; with no perinatal deaths. Nine (64.3%) mothers underwent female sterilization.

Conclusion

Though cardiomyopathy is a high risk factor for pregnancy with high mortality and morbidity, multidisciplinary management can achieve successful outcome.

Peripartum cardiomyopathy occurred in half of our study population with their management outcome having zero mortality.

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