Emergent Thrombolysis for Pulmonary Embolism during Pregnancy

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Introduction

- Massive Pulmonary Embolism is defined as pulmonary emboli with hemodynamic compromise
- Mortality in untreated patient ranges from 9.3-14.6%
- First line treatment is thrombolysis
- Thrombolysis is a relative contraindication in pregnancy

Hospital Course

- A 31 yo G4P3 at nine-weeks p/w chest pain and SOB. BP 51/29, HR 153, and on 3L of O₂
- POCUS showed right heart strain
- EKG showed right heart strain
- CT showed bilateral PE
- Multidisciplinary team (MFM and IR) consulted and recommended catheter directed thrombolysis
- Vital signs normalized two hours following procedure
- Repeat Angio showed persistent PE in the right PA
- She remined on therapeutic Lovenox for the remainder of her pregnancy

Discussion

- Currently there are no guidelines with Thrombolysis with pregnant patient
- At this time there are no clinical trials
- Literature does not suggest or justify withholding thrombolysis due to pregnancy
- Meta-analysis shows out of 141 cases only four maternal deaths, two fetal deaths, nine miscarriages, and 14 preterm deliveries
- Due to lack of clinical trials and guidelines we recommend a thrombolysis be used on a case-by-case bases and should include a multidisciplinary team

References