

28 yo woman

Kukin, Marrick

First presented to my care April 1999 age 20

- History of a ventricular tachycardia (VT) induced cardiomyopathy starting at age 14.
- Sustained rapid runs of VT
- Evaluated for transplant in 1993. Stabilized/ improved on medical therapy. Transplant deferred.
- Was on an antiarrhythmic medication (amiodarone) that was effective but would have severe potential long term toxicity.
- Medications adjusted for safety and efficacy.
- 1999. Recently married, counseled against pregnancy given medications and history
- First attempts made to ablate the RVOT (right ventricular outflow tract) tachycardia in 1999. Unsuccessful, but verapamil found to be successful in suppressing the arrhythmia in the lab.
- Ejection fraction markedly improved (normal). Wants to get pregnant. Trial of stopping ACEI.
- Second attempt of catheter ablation also unsuccessful
- February 2001: Not yet pregnant after 7 months of unprotected intercourse. ECHO showed slight decreased LV function. Discussion about restarting ACEI and deferring pregnancy.
- Called following week week: + pregnancy test
- One month later. Obstetrician visit: fetal echo: TWINS
- On carvedilol 25 bid and verapamil 240 bid. Felt well. Pregnancy progressing. Cardiac stable.
- 10/2/01 High risk ob service, twin girls delivered vaginally. Mother doing well.
- April '04 ECG shows more VT.
- Aug 04 successful RF (radiofrequency) ablation of VT @ SLR
- Jan 05. On no medications. Feels great. Four months pregnant. Twins are 3 years old.
- Son born 7/11/05.
- October 05: Nursing. On no meds. Feels great. ECHO: Normal left ventricular size and function.

Summary: History of ventricular tachycardia induced cardiomyopathy. Now “cured” after RFA. Excellent prognosis. Mother of 3 children. On no medications.