

# Add (heart) insult to (vascular) injury: Hashimoto and Preeclampsia

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## INTRODUCTION

Several studies reported an increased incidence of cardiovascular complications in pregnant women with Hashimoto disease, including a high risk of preeclampsia .

We describe a peculiar case of severe preeclampsia with angor pectoris in a young women with Hashimoto disease.

## MATERIAL & METHODS

We recieved a 31 years old patient, gravida 2 para 1, with a history of Hashimoto disease and presenting a refractory preeclampsia with acute angor pectoris. Her heart echo showed a concentric left ventricle hypertrophy and conserved ejection fraction.

She was delivered at 33 weeks of gestation by emergent caesarean section for severe preeclampsia, moderate intrauterine growth restriction and marginal placental abruption; with immediate resolution of its hypertension and related heart symptoms.

She was referred to cardiologist for subsequent follow up.

## DISCUSSION

Hypertensive pregnancy disorders complicate 6–8% of pregnancies and cause significant maternal and fetal morbidity and mortality. Maternal risks include placental abruption, left ventricular hypertrophy, hemorrhagic stroke, cerebral edema, pulmonary edema, multiple organ failure, and disseminated intravascular coagulation. The fetus is at high risk of intrauterine growth restriction, prematurity, and intrauterine death.

In the other hand, up to 2-3% of pregnant women suffer from hypothyroidism, which in turn lead to a myriad of cardiovascular issues including severe preeclampsia, even in well equilibrated patients like our reported case.

## CONCLUSION

The interaction of gravid dysthyroidism with the cardiovascular and placental systems is complex.

Routine endocrine and cardiovascular evaluation and close follow up of patients with Hashimoto disease during pregnancies is mandatory