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Title: Pregnancy and pulmonary hypertension: Experience of a reference center in Brazil

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Body: Pulmonary hypertension (PH) is a rare disease that can affect women of childbearing age. Pregnancy is associated with high-risk mortality and, therefore, even in the modern treatment era it is contraindicated for these patients. The aims of this study were to describe the courses of pregnancies and to identify the maternal mortality rate at a reference center in Brazil where prostacyclin is not available. We retrospectively analysed the database between 2002-2012. Results: 12 pregnancies (2 from the same patient) occurred in this period, including 2 abortions and one pregnancy still in course. Mean age was 29±7 years and gestational age of delivery was 32-41 weeks. Eight patients had prior diagnosis and 3 discovered PH during the course of pregnancy: 07 PAH, 3 CTEPH and 1 multifactorial PH. All patients used subcutaneous anticoagulation. After 2009, all patients were treated with sildenafil during pregnancy. Except for one patient in NYHA III, all the others remained stable in NYHA II during pregnancy. Cesarean section was the main route of delivery and epidural anesthesia was done in 7/9. No stillbirths were reported. Period of maternal hospitalization was 5-30 days after labor. Two patients died within the first week post-partum (right heart failure) and one died after 2 years (pulmonary embolism). Other 5 patients experienced worsening of symptoms after labor, needed to upgrade therapy (just oral drugs available) and took more than 6 months to return to baseline status. In conclusion, pregnancy continues to be associated with a high-risk of clinical deterioration (78%) and mortality (22% in our center) even in mildly symptomatic PH patients (NYHA II), especially after delivery.