Long QT Syndrome in an OB Patient with Spina Bifida

Jennifer A. Masa, MD (Meredith Albrecht, MD, PhD)

CASE POSTED TO L&D

- Biophysical profile variables
  - Nonstress test
  - Fetal breathing movements
  - Fetal movements
  - Amniotic fluid volume
  - Spina bifida
  - Long QT syndrome
  - Episode of Torsades de Pointes (TdP)
  - Cardiac arrest (1 year prior)
  - No ICD

• Stress cardiomyopathy
  - EF now normal

- Emergent C-section
- Biophysical profile 2/10 (fluid)
- Fetal bradycardia

- 25 year old female
- G7 P2
- 35w 2d gestation
- 2 prior CS

EKG FINDINGS

- V5 Vent. Rate 98 BPM
- QT/QTc 558/712 ms

- Home Meds
  - Furosemide
  - Levothyroxine
  - Metoprolol XL
  - Omeprazole
**KNOW YOUR QT PROLONGING MEDS**

- Propofol
- Sevoflurane
- Desflurane
- Propylthiouracil
- Famotidine
- Ranitidine
- Ondansetron
- Diphenhydramine
- Famotidine
- Oxytocin
- Albuterol
- Midazolam, Fentanyl, Morphine, Propofol, Rocuronium, Local Anesthetics

**PLANNING IS KEY**

**Pre-op**
- β-blocker
- Serum electrolytes
- Anxiolysis

**Post-op**
- TIVA or Regional
- Avoid QT prolonging drugs
- ECG monitoring
- Quiet environment
- Adequate analgesia

Likely safe: Midazolam, Fentanyl, Morphine, Propofol, Rocuronium, Local Anesthetics

**BACK TO OUR CASE**

**Pre-op**
- QTc improved to 377 ms

**Discharge**
- Infant admitted to NICU
- Respiratory distress syndrome
- Initial QTc 528ms
KEY POINTS

• Minimize patient's sympathetic responses

• Safe medications: benzodiazepines, fentanyl, morphine, propofol, local anesthetics, rocuronium

• Patients with Long QT syndrome have unexpected variability in their QTc