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☆ **Complex Clinical Cases**

**DOUBLE MECHANICAL HEART VALVES IN PREGNANT WOMAN: REAL WORLD DIRECTED THERAPY DURING COVID-19 ERA**

Moderated Poster Contributions  
Saturday, May 15, 2021, 9:45 a.m.-9:55 a.m.

Session Title: Team-Based Approaches to Anticoagulation Challenges  
Abstract Category: CVT: Valvular Heart Disease  
Presentation Number: 1067-03

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**Background:** Pregnancy in patients with mechanical heart valve on warfarin dose more than 5mg should be replaced by unfractionated heparin (UFH) i.v. infusion or low molecular weight heparin (LMWH) during first trimester. LMWH is not recommended if weekly anti-Xa is not available.

**Case:** A 23-year-old pregnant lady, G3P0A2, with 8 years history of VSD patch and double mechanical valve replacement (DVR); mitral and aortic, presented at 4 weeks gestational age (WGA) on warfarin 6mg, INR 3.1, her previous pregnancies complicated by anticoagulant. Due to lack of anti-Xa test in Iraq and patient's refusal to use heparin i.v. infusion, she was kept on UFH 250 unit/kg bid s.c., at 16 WGA family asked to use warfarin as they can't offer UFH but refused to admit hospital for switching to warfarin due to COVID-19 pandemic

**Decision-making:** The consultant cardiologist decided to discharge her on warfarin 5mg overlapping with UFH 250 unit/kg bid s.c. to be followed up by the cardiology pharmacist to adjusted warfarin dose using telemedicine and to schedule periodical visits for echocardiographic study

**Conclusion:** INR monitoring was done 19 times during 2nd-3rd trimesters using telemedicine including 10 times during COVID-19 lockdown, time in therapeutic range (TTR) was 79% which is ideal. Periodic echocardiography showed normal functioning DVR. Patient delivered at 36 WGA a healthy female weighing 2.7 kg with no apparent congenital anomaly. Role of heart team and telemedicine was the key for these successful outcomes.

