Successful recovery after amniotic fluid embolism: 3 cases

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**Introduction**

Amniotic fluid embolism (AFE) is a rare and unexpected but life-threatening complication of pregnancy, which is characterized by a sudden cardiovascular collapse, acute respiratory distress, and disseminated intravascular coagulation (DIC).

**Case 1**

A 37-year-old woman with gestational diabetes, after delivery, postpartum bleeding was developed. During uterine artery embolization, dyspnea and hypotension were developed, cardiopulmonary resuscitation was performed. Massive transfusion, mechanical ventilation, Continuous Renal Replacement Therapies (CRRT) for correction of metabolic acidosis was tried and then she recovered.

**Case 2**

A 36-year-old woman was transferred because of refractory postpartum bleeding. After umbilical artery embolization, dyspnea, hypotension, chest discomfort was developed. Echocardiography reveals co-pulmonale. After supportive care with mechanical ventilation, transfusion, she recovered.

ECMO was applied promptly, and the patient became stable rapidly. Also, massive transfusion, Continuous Renal Replacement Therapies (CRRT) was attempted and then she recovered.

**Case 3**

A 32-year-old woman at 39 weeks of gestation, before delivery, a sudden generalized tonic-clonic seizure was developed and then followed dyspnea. After 4mg intravenous lorazepam, immediate vaginal delivery was performed. And then a seizure, hypotension was developed again. Despite the prompt endotracheal intubation and appropriate cardiopulmonary resuscitation, she became hypoxic and experienced a recurrent cardiovascular collapse.

**Conclusion**

Amniotic fluid embolism can be seen in a variety of forms, in multiorgan failure, not only mechanical ventilation, transfusion but also CRRT, ECMO can be a valuable treatment option. For proper and prompt management, cooperation physicians of various disciplines are required.