**Introduction**

PAH is a life-threatening vasculopathy of the pulmonary arteries (PA). In spite of the advent of new treatments, PAH poses serious risks for pregnant women. Current guidelines recommend termination of pregnancy in concurring cases secondary to high mortality. MT has not previously been reported in cases of PAH and this is the first report of MT in early gestation.

**Method**

The patient was 30 year-old G2P1 referred at 6 1/7 weeks of pregnancy complicated with PAH. The EKG showed right axis deviation and an echo estimated a pulmonary artery pressure (PAP) of 86 mmHg. Ultrasound (US) showed a singleton pregnancy with fetal pole (6-0/7 weeks), gestational sac and cardiac activity. There were elevated BNP and a history of prior cesarean.

A multidisciplinary plan devised use of MT because of ease of use, proper gestational age (< 63 days) and electing the least aggressive mode of anesthetic and surgical intervention. To limit blood loss, suction and curettage (S&C) was advocated 6 hours after misoprostol administration. The protocol called for 600mg of mifepristone orally (a progesterone receptor antagonist) a day prior to S&C and 600mg of oral misoprostol (E1 agonist), a PA dilator on the day S&C.

Within 3 hours following misoprostol, she started cramping. Five hours after misoprostol, her cervix was one centimeter dilated with minimal POC expelled. At six hours she underwent S&C under sedation (4mg of versed, 200mcg fentanyl and 8mg of etomidate).

- Repeat echocardiogram on day prior to S&C showed PAP of 95 mmHg.
- Following mifepristone and misoprostol, the PAP decreased to 29 mmHg. MT allowed cervical dilatation (1 cm) and S&C under minimal to moderate sedation. US confirmed complete evacuation of the uterus. Patient also noted significant improvement in her condition.

**Conclusion**

MT can be successfully implemented in cases of PAH. In this case there was an associated decrease in PAP (95 to 29 mmHg). Both general and regional anesthesia were avoided and S&C were performed under sedation without significant fluid overload or significant blood loss.

1) Cedars-Sinai Medical Center, LA, CA
2) Institute of Prenatal Diagnosis and Reproductive Genetics, San Gabriel, CA