**AGAINST SEVERE ODDS: SPONTANEOUS VAGINAL DELIVERY WITHOUT MAJOR COMPLICATIONS IN A PATIENT WITH UNDIAGNOSED SEVERE MITRAL STENOSIS**

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**Case:**  A 37 year old G1P0, who immigrated from Laos 8 months prior, presented at 37 weeks of gestation with spontaneous rupture of amniotic membrane. She denied any cardiopulmonary symptoms including shortness of breath, palpitations, chest pain, or lightheadedness. Cardiology was consulted for atrial fibrillation with rapid ventricular response. Her physical exam was remarkable for a loud S1 and a diastolic rumbling murmur in the midclavicular 4th to 5th intercostal space with radiation to the apex. Bedside echocardiogram showed a severely stenotic mitral valve. After successful deliver, a formal transthoracic echocardiogram revealed an ejection fraction of 40-45%, severe enlargement of the left atrium, severe mitral stenosis with a mean gradient of 35 mmHg, mitral valve area of 0.69cm2, and pathognomonic “hockey stick” appearance of the mitral valve. A transesophageal echocardiogram ruled out presence of clots and patient was successfully cardioverted. She was not a candidate for balloon annuloplasty during her hospital stay.  **Discussion:**  An AHA study showed severe mitral stenosis to be correlated with 67% increased chance for maternal cardiac events including tachyarrhythmias, pulmonary edema, thromboembolic events and congestive heart failure, leading to 6% chance of maternal mortality. Our patient did not present with symptoms related to her mitral stenosis and atrial fibrillation throughout pregnancy. We suspect she had severe mitral stenosis for many years that went unnoticed until the stress of the delivery process. The patient and her child were very high risk for complications, but fortunately both had good outcomes. We can only hypothesize that the variables that may have affected our patient’s prognosis may be left atrial compliance such as pre-pregnancy atrial size compared to post-delivery atrial size, length of pregnancy, weight of the baby, and the lack of comorbidities such as obesity, hypertension, diabetes, and history of tobacco use. As with all favorable outcomes, it is desirable to reproduce these results; further studies of valvular disease in pregnancy may help elicit the variables such as the ones mentioned that may have affected the prognosis of our patient’s condition.