Intravenous Immunoglobulin (IV Ig) Treatment of Demyelinating Polyneuropathy in Patient with Systemic Lupus Erythematosus (SLE): A Case Report and Review of the Literatures.

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Background: Paroxysmal Supraventricular Tachycardia (PSVT) is a relatively common cardiac emergency in the general population. In pregnant woman, it usually occurs in the third trimester. The untoward maternal and fetal effects of dugs should be considered before treatment during pregnancy.

Objective: Herein is a case report of Supraventricular tachycardia in pregnancy. To find a suitable guideline for treatment of PSVT in pregnancy, the literatures were then reviewed.

Results: A 27 years old woman at 24 weeks gestation, presented to the emergency department with history of rapid heartbeat for approximately two hours. On admission to ICU, a narrow complex, regular supraventricular tachycardia, 180 beats/min was demonstrated. The patients was then repeatedly given two doses of veramil without any benefit. A 50 joules cardioversion was then performed and successfully converted to normal sinus rhythm. The patient had another four episodes of PSVT during this pregnancy. She was successfully treated with verapamil and cardioversion without fetal effects in each episodes.

Conclusion: For pregnant woman with Supraventricular tachycardia vagal stimulation maneuvers should be tried first, if this is not effective adenosine seem to be drug of choice for treating PSVT during pregnancy. However adenosine is much more expensive than verapamil and not widely available in this country, then verapamil may be considered. Cardioversion can be safely performed during pregnancy without adverse effects to the fetus, however, fetal monitoring should be carried out during the procedure.

Key Words: PSVT, Pregnancy, Cardioversion.