AMNIOTIC FLUID EMBOLISM


Epidemiology:
- Uncommon, but a leading cause of death of maternal death in the developed world
- True incidence unknown because of varying presentations; incidence ranges from 1:8,000 to 1:80,000 in various reports.
- Mortality rate used to be 86% (as recent as 1979), but with better recognition and ICU care, mortality down to approximately 15%
- May be more common in older, multiparous women who experience prolonged, difficult labor

Clinical features:
- Usually occurs during childbirth but has been described during pregnancy
- “Classic” presentation: dyspnea, cyanosis, arrhythmia, hypotension, hemorrhage, disseminated intravascular coagulation, culminating in cardiovascular collapse; however, presentation may be more subtle.
- Maternal collapse usually occurs before fetal collapse, but vice-versa can occur and should trigger investigation into this diagnosis

Diagnosis:
- Amniotic fluid embolism may be an anaphylaxis-like reaction.
- Serum tryptase levels are typically elevated and complement levels are usually low.
- However, amniotic fluid embolism is still a clinical diagnosis

Treatment:
- First resuscitate the patient.
- Second, perform prompt C-section.
- Third, consider uterine artery embolization, plasma exchange, and/or CVVH (all have been described, but only in case reports).

Pathophysiology: