class III/IV during gestation, including acute atrial fibrillation in three patients. The first option was medical treatment with furosemide (40 g/day) associated with propranolol (60 mg/day) in 72 cases, and verapamil (120 mg/day) associated with digoxin (0.25 mg/day) in 6 cases. Electrical cardioversion was required in three patients. In 70 cases (90%), there was symptomatic improvement to functional class I/II. The 8 remaining patients (10%) who did not respond to treatment were referred for balloon-catheter mitral valvuloplasty: 7 of them improved symptomatically to functional class I/II and one developed severe mitral insufficiency that required mitral valve substitution. No maternal mortality was registered and three women had miscarriages, two of them after electrical cardioversion. We concluded that medical treatment was effective in pregnant women with mitral stenosis.3,4

In summary, balloon-catheter mitral valvuloplasty is a procedure that is well tolerated during pregnancy, is safe for the fetus, and has a high success rate in selected mothers with mitral stenosis. However, in our opinion and in accordance with the Pregnancy and Heart Disease Committee of the Brazilian Society of Cardiology,5 this procedure should not be performed in asymptomatic patients who wish to become pregnant or in women under medical treatment who are in functional class I/II during pregnancy.

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REFERENCES