

Cardiac Risk in LQTS May Not Rise in Pregnancy

Pregnancy, postpartum not high-risk periods for events in women with long QT syndrome, study suggests.

BY BRUCE JANCIN
Denver Bureau

ORLANDO, FLA. — Pregnancy and postpartum are not especially high-risk periods for cardiac events in women with long QT syndrome, G. Michael Vincent, M.D., reported at the annual meeting of the American College of Cardiology.

Indeed, cardiac event rates—sudden death, syncope, and aborted cardiac arrest—are highest in women with long QT syndrome (LQTS) in the periods prior to first pregnancy and during the nonpreg-

nant portion of the childbearing years, according to Dr. Vincent of LDS Hospital and the University of Utah, Salt Lake City.

These findings from a unique database housed at LDS Hospital are at odds with an earlier report by other investigators, who reported that the postpartum period in women with LQTS was associated with a 41-fold increased rate of cardiac events (Circulation 1998;97:451-6).

That report was based on data from nongenotyped probands in the International LQTS Registry. Probands are almost always the most symptomatic mem-

bers of LQTS families, and they are not representative of the LQTS population as a whole, he argued.

In contrast, the 32-year-old LDS Hospital database contains 367 LQTS families whose pedigrees have been expanded to include 6,268 members. Most have been systematically screened for LQTS, and since 1992, many have been genotyped. This database thus includes unaffected family members, as well as others encompassing the spectrum of the LQTS phenotype, rendering the Utah data singularly applicable to the broad population of LQTS women.

For this analysis Dr. Vincent reported on 255 women with 747 term pregnancies. They came from 120 LQTS families. The combined cardiac event rate during preg-

nancy was 3.1%. The event rate in the postpartum period—defined as the 9 months after delivery—was 3.5%. In contrast, 23.9% of the women experienced a cardiac event while not pregnant but in their childbearing years, as defined by the interval from their first pregnancy to last postpartum period.

Prior to their first pregnancy, 23.5% of subjects experienced a cardiac event, as did 2.4% after their final postpartum period.

No sudden cardiac deaths occurred during pregnancy. There were four postpartum: three among 46 women with the *LQT2* genotype, compared with just one of 101 *LQT1* women. Most cardiac events in *LQT1* women occurred prior to the childbearing years. ■

Laparoscopic Cystectomy Done in Late Pregnancy

BY KATE JOHNSON
Montreal Bureau

LONDON — Laparoscopic cystectomy during late pregnancy is a safe alternative to

cysts resolve spontaneously, large cysts can present a risk of torsion or rupture and also may cause malpresentation or labor dystocia," commented Saurabh Phadnis, M.D., of Watford (England) General Hospital.

In addition, about 2%-5% of the cysts that appear during pregnancy are actually malignant, according to Dr. Phadnis.

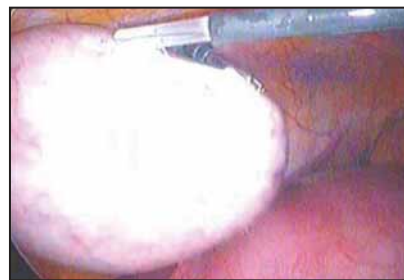
He said that his surgical team performed laparoscopic cystectomy in six women whose pregnancies were between 21 and 30 weeks' gestation.

Each of the women had large cysts, measuring 8-12 cm. Their surgical procedures were reported to have lasted no more than 40 minutes.

Three of the cysts were mature teratomas, two were mucinous cystadenomas, and one cyst was a serious cystadenoma.

There were no surgical complications reported, and all of the patients went home the following day except one who went home on the second day after the procedure.

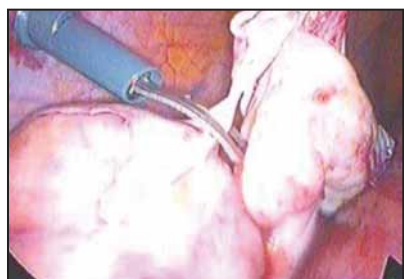
Obstetric outcomes were considered normal for each of the patients, with spontaneous vaginal deliveries at term for every woman, except one patient who had requested to have a cesarean section delivery at 39 weeks' gestation. ■



This patient has an 8-cm ovarian cyst and 28-week gravid uterus.



The cyst is dissected off the ovarian tissue, using laparoscopic scissors.



Healthy tissue is left after the removal of the ovarian cyst.

laparotomy or expectant management of large cysts, according to the results of a small case series presented at the annual congress of the International Society for Gynecologic Endoscopy.

"Although most (ovarian)

Acupuncture, Stabilizing Exercise Ease Pelvic Pain During Pregnancy

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Acupuncture and stabilizing exercises are effective adjuncts to standard treatment for pelvic girdle pain in pregnancy, Swedish researchers reported.

When combined with standard therapy, both acupuncture and stabilizing exercises provided more pain relief than standard therapy alone. Acupuncture combined with standard therapy produced the best pain relief, said Helen Elden, a midwife at East Hospital, Sahlgrenska Academy, Gothenburg, Sweden, and her associates.

"This study shows that methods other than structured physiotherapy may be effective in treating pelvic pain in pregnancy and that acupuncture presents an effective alternative," the researchers said (BMJ 2005;330:761).

The study included 386 pregnant women with pelvic girdle pain. The average age was 30 years, and all were singleton pregnancies. About 54% said they had previously experienced low back pain.

The women were randomized to 6 weeks of standard treatment (education, pelvic belt, and ab-

dominal and gluteal strengthening exercises); standard therapy plus 30-minute acupuncture treatments twice a week; or standard therapy plus 6 hours/week of exercises for stabilizing pelvis and back and increasing hip rotator circulation and massage and stretching of hip extensors.

Pain was assessed by a visual analog scale at baseline at 1 week following the conclusion of therapy.

Those on standard therapy plus acupuncture had the biggest decrease in pain; morning pain scores fell from 23 to 15, and evening scores fell from 65 to 31.

The group on standard therapy plus stabilizing exercises improved, but not as much; morning scores fell from 22 to 18. Evening scores fell from 60 to 45.

In the standard-therapy group, morning scores rose from 23 to 27. Evening scores fell from 63 to 58.

It's not clear how stabilizing exercises reduce pelvic pain, but research has shown that contraction of the transversus abdominis decreases laxity of the sacroiliac joint. Massage and stretching also may have contributed to relief, they noted.

They speculated that acupuncture relieved pain by activating the segmental pain inhibitory system and boosting secretion of endogenous opioids. ■

Pregnancy-Associated Breast Cancers Are On Rise as More Women Delay Childbirth

NEW YORK — As more women delay pregnancy into their 30s and 40s, physicians are seeing more pregnancy-associated breast cancers, experts noted at a New York University cancer symposium.

This trend may particularly impact women who carry *BRCA1* and *BRCA2* genetic mutations, since cancers develop in these women at significantly younger ages than in noncarriers, and some studies have indicated that mutation carriers are more likely to develop cancer during pregnancy.

"This underscores the importance of obstetricians' taking a good family history in their patients who are pregnant or planning to become pregnant," said Ellen Warner, M.D., of the University of Toronto, who participated in a panel discussion.

"Women who carry a genetic mutation may need a baseline MRI to screen them for occult or early cancer prior to becoming pregnant, along with very close follow-up," Dr. Warner said during the meeting, which was also sponsored by the Lynne

Cohen Foundation for Ovarian Cancer Research.

"We can't say that we're going to save lives with certainty. Just as with other types of surveillance, this is based mostly on expert opinion," said Elsa Reich, a genetic counselor at the university. "But I feel really strongly that obstetricians should be vigilant about evaluating family history. If a young woman has a mother who died of breast cancer at age 40, she should at least be advised of her increased risk and given the option of consulting a genetic counselor prior to pregnancy."

Breast cancer is the most common cancer in pregnant and postpartum women, occurring in 1 in 3,000 women. The American College of Obstetricians and Gynecologists hasn't issued recommendations about screening in women with *BRCA1* and *BRCA2* mutations who plan to become pregnant, although it has noted that women whose first pregnancies occur after age 30 are at some degree of increased risk.

—Gina Shaw