**A SINGLE TERTIARY CARE CENTER EXPERIENCE WITH BMV (BALLOON MITRAL VALVOTOMY) IN PREGNANT WOMEN IN INDIA**

**S.C. Mishra1**, A. Banerji2

1Base Hospital Delhi Cantt, New Delhi, Delhi, 2Command Hospital Eastern Command, Kolkata, West Bengal, India

 Objective: To show whether BMV in third trimester of pregnancy is a safe option in critical MS (mitral stenosis) in symptomatic patients.

Background: Patients of RHD (Rheumatic heart disease) & critical MS in pregnancy are at a high risk. We report a series of 26 such patients who underwent BMV safely in 3rd trimester.

Method: These 26 patients (aged 19-32 years) with RHD and severe MS were under care of this military hospital. They had dyspnea of NYHA class III while on optimal medical management. 8 of these had bad obstetric history and 18 were primiparas. They had isolated critical MS (MVA ranging 0.6 to 1.1sq.cm by planimetry and/or pressure half time) and none had more than grade I MR (mitral regurgitation). They underwent BMV using Inoue balloon technique. Radiation protection for fetus was duly taken care of.

Results: Most were in 3rd trimester (2 in 24th week, 8 in 7th month, 11 in 8th month and 5 in 9th month of pregnancy). BMV was successful in all. 4 of them developed grade II and 1 had grade III MR. 3 of these patients went into labor. Two of these delivered live babies in the Cath Lab during the procedure and the 3rd one was born prematurely. The remaining patients were rendered NYHA class I in their functional status. 23 patients progressed to normal labor and successful deliveries.

Conclusion: It is feasible to perform BMV safely in the 3rd trimester of pregnancy in patients of RHD with critical MS.