**DESPITE THE ODDS**

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**Background:**Shone’s Complex (SC) is a rare congenital heart disease comprised of 4 obstructive lesions: supramitral membrane, parachute mitral valve (MV), sub-aortic valve (AV) stenosis and aortic coarctation. Females with SC represent a major challenge during pregnancy. We present a case of a high-risk pregnancy in a patient with partially corrected SC.

**Case:** A 31 year-old first-time pregnant female presented to our Cardio-Obstetrics clinic with a history of SC with aortic coarctation s/p end-to-end anastomosis repair at age 6 years with stenotic bicuspid AV and parachute MV. Although she was advised against pregnancy locally, she decided to conceive. At 12 weeks gestation, her echo revealed normal biventricular size and function, mild left ventricular hypertrophy, moderate-to-severe stenosis of the parachute MV (mean gradient 9 mmHg), bicuspid AV with severe stenosis (peak/mean gradient 94/54 mmHg and valve area 0.73 cm2) without aortopathy. She was followed closely in the Cardio-Ob clinic with monthly echocardiograms and was advised to limit her activities during the third trimester. Due to concern with worsening dyspnea, the patient underwent a C-section at 35 weeks gestation and delivered a healthy baby with the support of cardiac and obstetric anesthesia.

**Discussion:**We describe a rare case of a high-risk pregnancy patient with SC and significant mitral and aortic stenosis. Against medical advice, the patient conceived and was able to have an uneventful pregnancy under the close supervision of Cardio-Obstetrics clinic and support of combined cardiac and obstetric anesthesia.

**Conclusions:** Patients with SC may be able to have a successful pregnancy with proper multidisciplinary evaluation and close follow-up.