

Spontaneous Coronary Artery Dissection is the most common form of heart attack in pregnancy*

Mel's story



Mel was 37 and 20 weeks pregnant with her third child when she had a SCAD, but her pains were dismissed as heartburn.

In 2016, at her 20-week midwife visit, Mel, 37 and pregnant for the third time, complained of terrible chest pain.

She was screened for pulmonary embolism but neither an ECG nor troponin blood test was done. Her symptoms were dismissed as likely heartburn. At future clinic appointments she complained of regular premature ventricular contractions. No action was taken.

Mel's waters broke at 31 weeks and, following some complications, she had a C-section delivery at 32 weeks in November 2016.

The following day she developed severe bradycardia at 31-38bpm and hypertension at 230/130. She was told it was transient, treated for anxiety and sent for a CT scan to rule out pulmonary embolism.

Meanwhile Mel's baby was in NICU and she was visiting him regularly even though she was very ill. Three days after the birth, the same agonising chest pain returned. This time bloods were taken.

"Too young for a cardiac event"

A cardiology consultant said the pain was most likely transient as Mel was "too young for a cardiac event".

Crucially for Mel, the blood test results were never checked. If they had been it would have been clear that her troponin levels were raised. She was discharged and six hours later had a STEMI heart attack while visiting her Mum.

Mel was left with a completely dissected LAD artery and LVSD (Left Ventricular Systolic Dysfunction). She has had an ICD (defibrillator) fitted. Her heart failure is rated as 'severe' – her ejection fraction hovers around 25% and she has had baseline tests for a possible future heart transplant.

Mel says: "This has been catastrophic for me and my family.



Mel holding her son for the first time after her heart attacks

If I'm honest I have no idea how to live/deal with this. I'm sure I will but for now my spirit is broken and needs some TLC."

She adds: "Hearts need to be monitored closely during and after delivery and any unusual telemetry taken seriously. Bradycardia may well be acceptable if you're fit and it's normal for you but it wasn't for me. Chest pain should always result in troponin tests being done, checked and repeated. Time is muscle with the heart and, sadly, too much of my time was wasted."



"I almost died because my age, gender and the fact I'd had a baby made it seem impossible for me to have had a heart event."

What is SCAD?

Spontaneous Coronary Artery Dissection (SCAD) is a rare heart condition that cannot be predicted or prevented – yet.

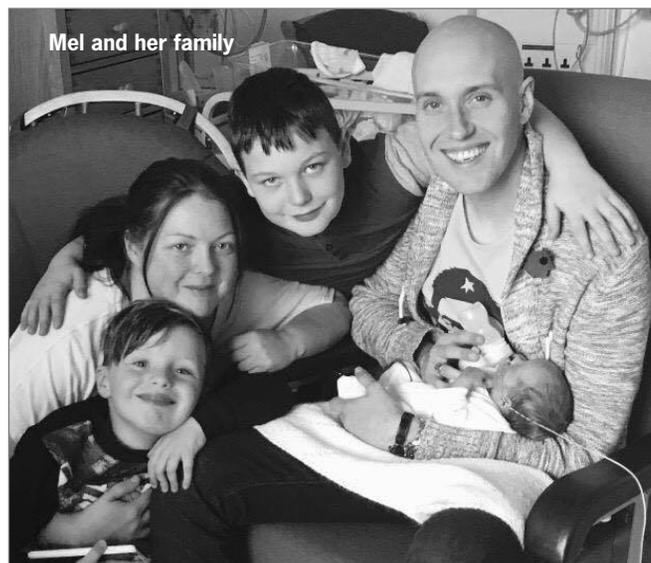
It affects people with few or none of the normal risk factors for heart disease. A tear or a bruise develops in a coronary artery resulting in a blockage that prevents normal blood flow.

SCAD affects young, fit people, mainly women, with no cardiac risk factors. SCAD can happen during or soon after pregnancy.

ECGs may look normal in SCAD patients, so troponin tests should be done to confirm a cardiac event.

Symptoms of SCAD

- ❑ central chest pain
- ❑ arm pain or numbness
- ❑ pain in the jaw, back or shoulders
- ❑ nausea
- ❑ sweating/clamminess
- ❑ breathing difficulties
- ❑ ECG can look normal



“I’m not the same person now. I live in fear and anxiety daily. I worry I won’t be here to see my babies grow up.”

UK SCAD research & clinics

SCAD symptoms can be similar to ‘normal’ heart attacks, but because the patients are often young, fit and healthy, many have experienced misdiagnosis or delays in diagnosis. Troponin tests should be carried out to confirm a cardiac event.

Dr David Adlam is leading the UK SCAD research project at the Leicester Biomedical Research Centre. Dr Abi Al-Hussaini has worked closely with Dr Adlam during the first three years of the research project.

Contact the research team: SCAD@uhl-tr.nhs.uk

For more information about SCAD and the research project, see scad.lcbru.le.ac.uk

Information for doctors: scad.lcbru.le.ac.uk/node/10

A leaflet for clinicians can be downloaded here: bit.ly/1ZgPt0h

Dr Adlam holds NHS SCAD clinics at Glenfield Hospital. Contact julie-anne.moth@uhl-tr.nhs.uk

Dr Abi Al-Hussaini holds specialist clinics at the Chelsea & Westminster Hospital. Contact roel.caneja@chelwest.nhs.uk

Both are happy for SCAD patients to be referred to them.

*The SCAD research project received initial funding from a BHF grant. Since the grant ended, the project is being funded by the Leicester NIHR BRC and Beat SCAD.

Further information

Beat SCAD

beatscad.org.uk
facebook.com/beatscaduk
contactus@beatscad.org.uk
Youtube: bit.ly/1TXhiLV

SCAD research

mayocl.in/21BZrta (Mayo Clinic)
scad.ubc.ca/canadian-scad-study (Canada)
cle.clinic/2zfHxFL (Cleveland)
bit.ly/1SIXMzD (Massachusetts)
bit.ly/2zvmmAr (Australia)
bit.ly/2gom7m3 (European Study Group)

British Heart Foundation

bit.ly/1LaOgys & bit.ly/1T345Aj

Articles and papers about pregnancy-related SCAD

mayocl.in/2xL4Upm
bit.ly/2vogVRZ
bit.ly/2tLgNd4
bit.ly/2ua43kw
bit.ly/2tupjlg
bit.ly/2tKPqQg
bit.ly/2tjzkh8
bit.ly/2vFWvCY
bit.ly/2uDkKFc
bit.ly/2vGk2UC
bit.ly/2voc2YW
scadalliance.org/publications

Support

It’s important for SCAD patients, family and friends to have support from other patients. Support is available from Beat SCAD and the closed Facebook groups listed below.

SCAD – UK & Ireland Survivors

(Facebook group for SCAD patients)
bit.ly/1Mizg9a

SCAD Family and Friends Support Group

(Facebook group)
bit.ly/1TMQDwc