Not just heartburn: The hidden dangers of chest pain in pregnancy: A rare case report at a district hospital

Nabil Huda Che Murad, Pang Suk Chin

Department of Obstetrics and Gynaecology, Hospital Kulim, Kedah

ABSTRACT

Introduction: Although acute myocardial infarction (AMI) in pregnancy is rare, with an incidence of 0.06 to 10 per 100,000 pregnancies, it poses serious risks. Risk factors such as obesity, advanced maternal age, comorbidities, and the hypercoagulable state of pregnancy can increase the likelihood of acute coronary syndrome (ACS). **Case Description:** We present a case of a 38-year-old Indian woman, G1P0, at 4 weeks of amenorrhea. She had no known medical conditions and was a non-smoker, but had a strong family history of myocardial infarction. She presented with sudden chest pain and diaphoresis. Initially treated by a general practitioner for gastritis, she returned the same day with recurrent pain and was admitted to the Emergency Department. Her vital signs were stable, but ECG revealed ST elevation in V2–V5. Intravenous Streptokinase was administered, relieving her symptoms. Follow-up ECG showed sinus rhythm. She was referred to a tertiary centre where angiography revealed occlusion in the left anterior descending artery, successfully treated with stenting. The patient continued her pregnancy without complications and delivered via caesarean section at 37 weeks. **Discussion:** Chest pain in pregnancy requires careful evaluation to rule out life-threatening causes such as ACS, pulmonary embolism, or aortic dissection. Pregnancy-related physiological changes increase thrombotic risk. A high index of suspicion is essential. Multidisciplinary management involving obstetricians, cardiologists, and anaesthesiologists is critical to optimising maternal and fetal outcomes.