Pulmonary Edema Complicating Ritodrine Infusion in a Patient with Premature Labor

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A 29-year-old woman without any underlying cardiac diseases was admitted for premature labor in the 25th week of her first pregnancy. An infusion of ritodrine was initiated at a dose of 0.2 mg/min/kg. Although the uterine contractions were successfully arrested, the patient suffered dyspnea at rest. Chest X-rays showed pulmonary edema (Picture A). Echocardiography showed a hyperdynamic LV systolic function and a dilated inferior vena cava. Mild hemodilution, anemia and a C-reactive protein level of 1 mg/dL were observed, indicating the presence of noncardiac pulmonary edema induced by ritodrine. Discontinuation of ritodrine and restriction of salt and water intake allowed the patient’s respiratory distress to gradually improve. Picture B was taken two months after delivery. Although increased permeability of the pulmonary vasculature has been previously reported to be a possible mechanism (1), this phenomenon is not well known by physicians, despite the importance of controlling preterm births.

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Reference