

## **ABSTRACT**

Peripartum cardiomyopathy (PPCM) is a rare yet life-threatening condition that primarily affects women during the late stages of pregnancy or within the initial five months postpartum. Among identified risk factors such as multiparity, advanced maternal age, multiple gestations, pre-eclampsia, chronic hypertension, tobacco use and alcohol consumption, Pre-eclampsia (PE) emerges as a rare yet critically significant contributor to the development of PPCM. Both preeclampsia and PPCM exhibit recurrent tendencies in subsequent pregnancies, raising concerns regarding maternal mortality. This case report further underscores that while preeclampsia and PPCM represent distinct entities, they can coexist within the same pregnancy due to shared pathophysiological mechanisms. A high level of suspicion is imperative, prompting timely echocardiographic evaluation for definitive diagnosis. Early initiation of heart failure medications significantly influences prognosis. While approximately half of PPCM cases achieve full recovery, a considerable proportion continue to exhibit persistent left ventricular systolic dysfunction, with an elevated risk of recurrence in subsequent pregnancies. Here, we present the case of a 31-year-old female patient who presented with progressive dyspnea persisting for two months following pregnancy loss and emergency hysterectomy due to pre-eclampsia. The diagnostic assessment revealed heart failure secondary to peripartum cardiomyopathy, and symptomatic treatment with diuretics, beta-blockers, and ACE inhibitors led to the resolution of heart failure symptoms within weeks, accompanied by the restoration of the left ventricular ejection fraction to its baseline level. Given the diagnostic complexities and high maternal mortality rate associated with PPCM and decompensated heart failure in pregnant individuals, expedited evaluation and referral are paramount to enhance maternal survival.