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Prostaglandin inhibition attenuates left ventricular diastolic dysfunction in patients with peripartum cardiomyopathy: a pilot study. Cardiomyopathy associated with peripartum cardiomyopathy is a leading cause of maternal death. Clinical trials showed the beneficial effect of calcium channel inhibitors to attenuate heart failure in pregnancy cardiomyopathy, but results were not satisfactory. In this study, we evaluated whether prostaglandin-receptor antagonists can ameliorate left ventricular dysfunction in patients with pregnancy cardiomyopathy. Patients (n = 4, mean age 34 years) with a diagnosis of peripartum cardiomyopathy were prospectively included in the study. All patients had a reduced left ventricular ejection fraction and diastolic dysfunction. We tested the effect of prostaglandin-receptor antagonists, indomethacin (n = 2) or diclofenac (n = 2) in addition to standard therapy, on diastolic function. A significant reduction in blood pressure was documented in all patients and left ventricular end-diastolic dimension decreased significantly in two patients. One patient was weaned off from anti-hypertensive and diuretic therapy. The average reduction in left ventricular end-diastolic dimension (between baseline and after 2 weeks' treatment) was 1.3 cm (P < 0.005) with indomethacin and 1.2 cm (P < 0.005) with diclofenac. In all patients, indices of diastolic function improved significantly: E/A

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