Anesthetic Management for Cesarean Delivery in Suspected Uncharacterized Spinal Dysraphism

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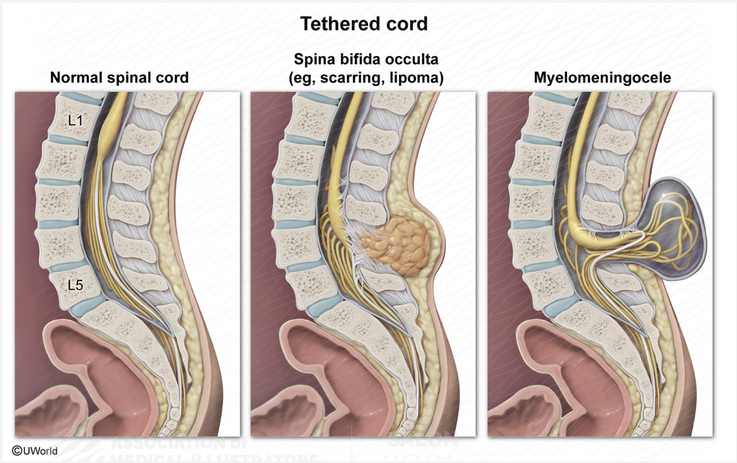
Background

- Spina bifida is a congenital spinal dysraphism that may result in altered vertebral and spinal cord anatomy
- Neuraxial anesthesia may be feasible but requires individualized assessment of spinal anatomy
- This case highlights anesthetic decision making in uncharacterized spinal dysraphism despite prior successful spinal anesthesia

The Case

- 28-Year-old woman presented for elective cesarean delivery
- Reported incidentally diagnosed spina bifida; type and extent unknown
- Two previous uncomplicated spinal anesthetics
- Prior spinal imaging and operative records were unavailable
- History of spina bifida identified on the day of surgery, without prior anesthesia or neurology consultation; exam revealed a prominent lumbosacral hair tuft





Discussion

- Prior successful spinal anesthesia does not establish normal spinal anatomy
- A lumbosacral hair tuft raised concern for underlying dysraphism despite absent neurologic symptoms
- Because a low lying or tethered cord could not be excluded, a safe lumbar insertion could not be confidently identified

Anesthetic Considerations

- Assess vertebral anatomy, spinal cord position, neurologic findings, and available imaging before neuraxial anesthesia
- Prior successful neuraxial anesthesia should not provide false reassurance when current findings suggest abnormal spinal anatomy

Future Directions and Follow Up

- Consider early prenatal anesthesia consultation for known or suspected spinal dysraphism
- Earlier evaluation may allow time to obtain prior records and characterize spinal anatomy before delivery

References