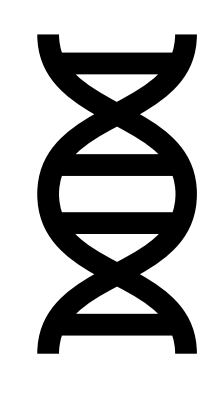


Consecutive Spinal Anesthetics in an Infant with Epidermolysis Bullosa

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INTRODUCTION

 Epidermolysis bullosa (EB)
- genetically inherited mechanobullous diseases
- characterized by mucocutaneous fragility

 Pediatric spinal anesthesia (SA)
- rarely utilized until the 1980s
- described safely for infraumbilical procedures

CASE PRESENTATION

2-month-old with
EB

8 months
later

10-month-old

- Inguinal hernia repair & circumcision
- Spinal anesthetic
- Same day discharge

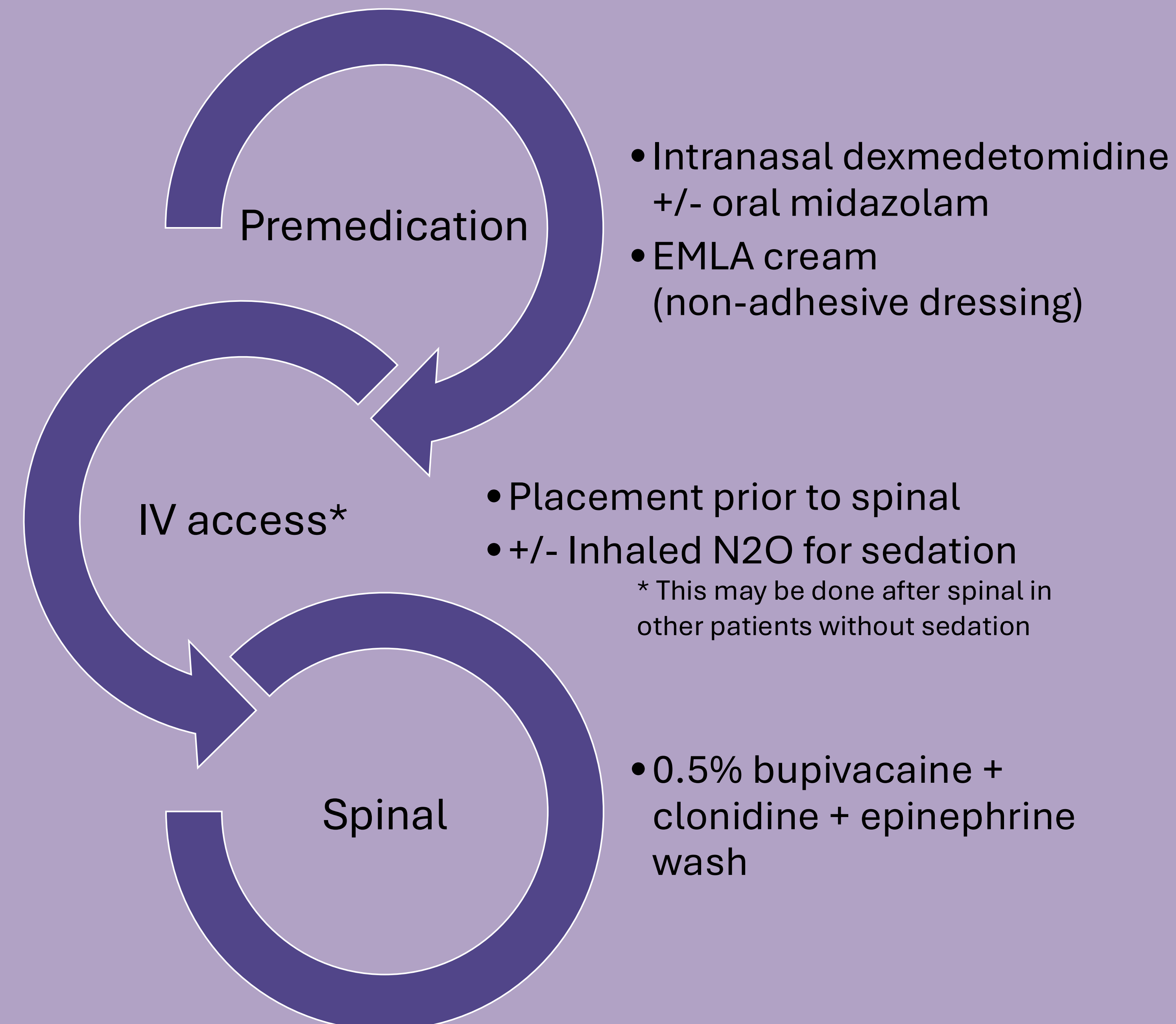
- Laparoscopic gastrostomy tube
- Spinal anesthetic
- Same day discharge



Figure 1. Lateral decubitus positioning of epidermolysis bullosa patient intra-operatively for spinal anesthetic placement.

Spinal anesthesia is a safe alternative in
pediatric patients with **epidermolysis bullosa**
undergoing procedures below the epigastrium.

Pediatric EB Spinal Anesthesia Workflow

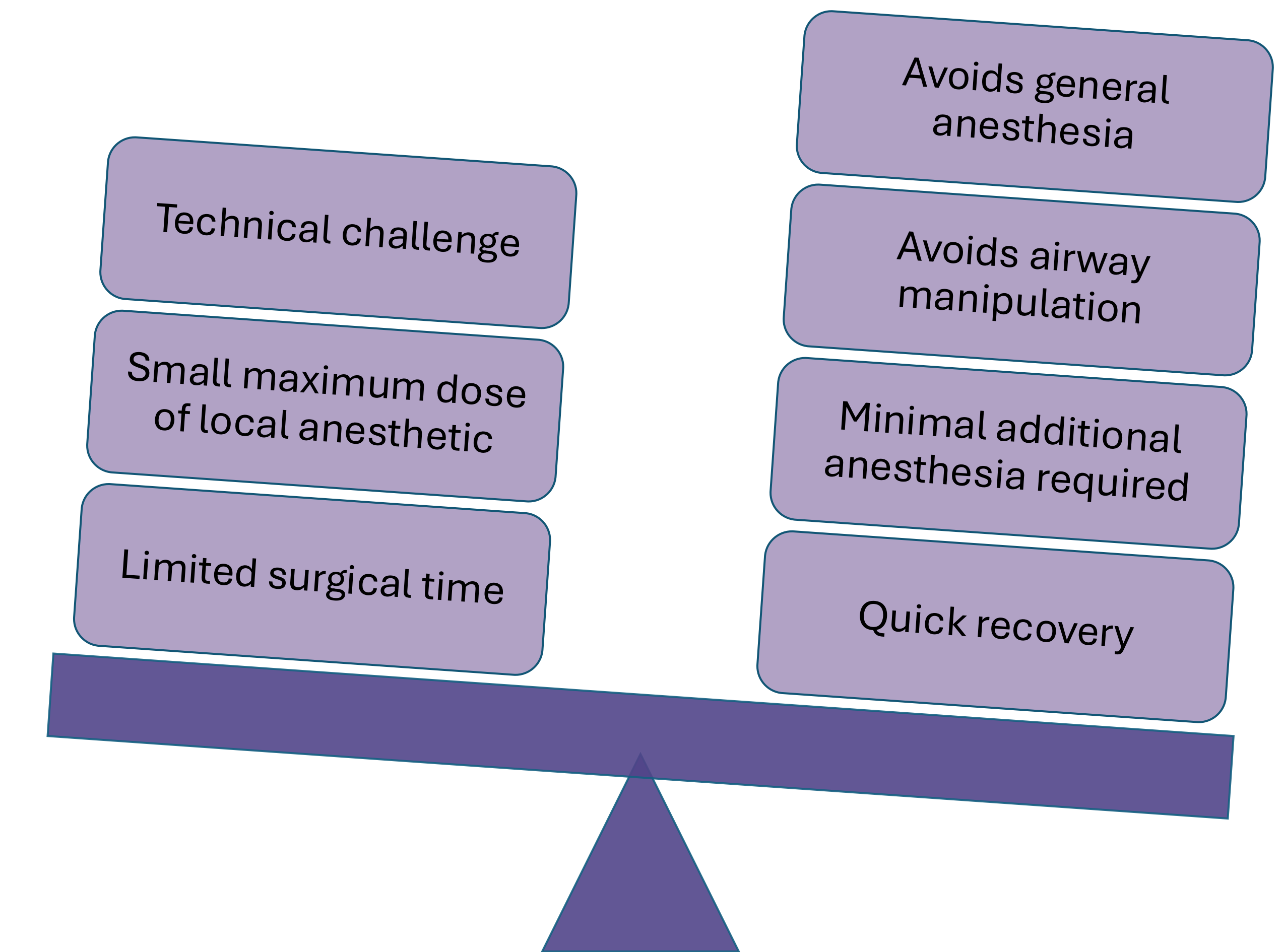


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DISCUSSION

Disadvantages of spinal

Advantages of spinal



Special considerations in patients with EB

Mitigate shear stress	Well-lubricated face masks
Special dressings (avoid adhesives and traction)	Must confirm no lesions or infection to spinal insertion site
PIV placement may be challenging (consider obtaining prior to spinal to maximize surgical time under spinal)	PIV securement is challenging; consider small doses of IV sedation

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