

REAL-TIME ULTRASOUND-GUIDED SPINAL ANESTHESIA IN A PATIENT WITH A LARGE LUMBAR SUBCUTANEOUS HEMANGIOMA

Wilson S C Yeh, MD, Karina Gritsenko, MD, Elilary Montilla Medrano, MD, Mitchel C Wiser MD, Se Chan Kim, MD, et al. Montefiore Medical Center – Department of Anesthesiology

Clinical Case 59-year-old male with:

- Hypertension
- Prediabetes
- Chronic kidney disease
- Osteoarthritis

During positioning, a large lumbar mass was noted.

MRI review revealed:

- 6-cm subcutaneous hemangioma
- Extending L2–L3 to L5–S1
- No intraspinal extension

Ultrasound-Guided Tech

- Hemangioma borders clearly delineated
- Safe left paramedian entry side identified
- L4-L5 interspace

Clinical Implications

- Identification of vascular lesions
- Selection of uninvolved tissue planes
- Safer needle trajectory
- Reduced complication risk

Outcome

- T10 sensory level with 5 minutes
- No bleeding or hematoma
- No neurologic symptoms
- Same-day discharge

References

- 1 Chin KJ, et al. Anesth Analg. 2011;112:1230–1232.
2 Grau T, et al. Br J Anaesth. 2001;86:807–812

Real-time ultrasound enabled safe spinal anesthesia by clearly identifying hemangioma borders and guiding needle placement through uninvolved tissue — avoiding vascular injury and bleeding.

