



Management of parturients with a vertebral body haemangioma - An OAA approved national survey

Kathryn Norman, Neil Logan
Queen Elizabeth University Hospital, Glasgow



INTRODUCTION

Vertebral body haemangiomas are the most common benign vertebral tumour and have an estimated incidence of 10-12% at autopsy¹. It is well known that due to the hormonal and hyperdynamic changes in pregnancy, vertebral haemangiomas can increase in size and can extend into the epidural space, which has the potential to cause problems for the labour ward anaesthetist delivering neuraxial anaesthesia². We aimed to establish how often this problem is encountered and how our colleagues would approach different scenarios.

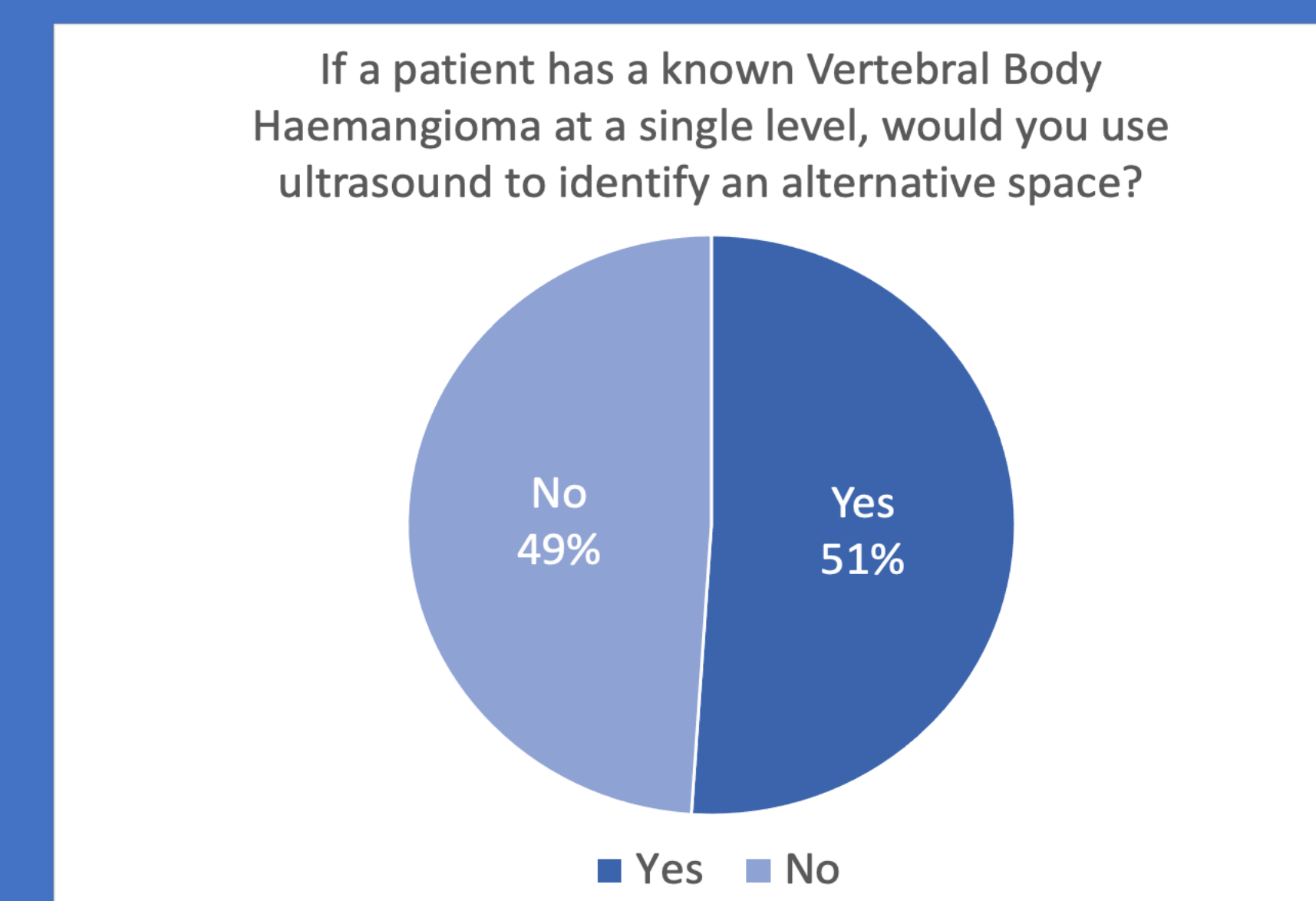
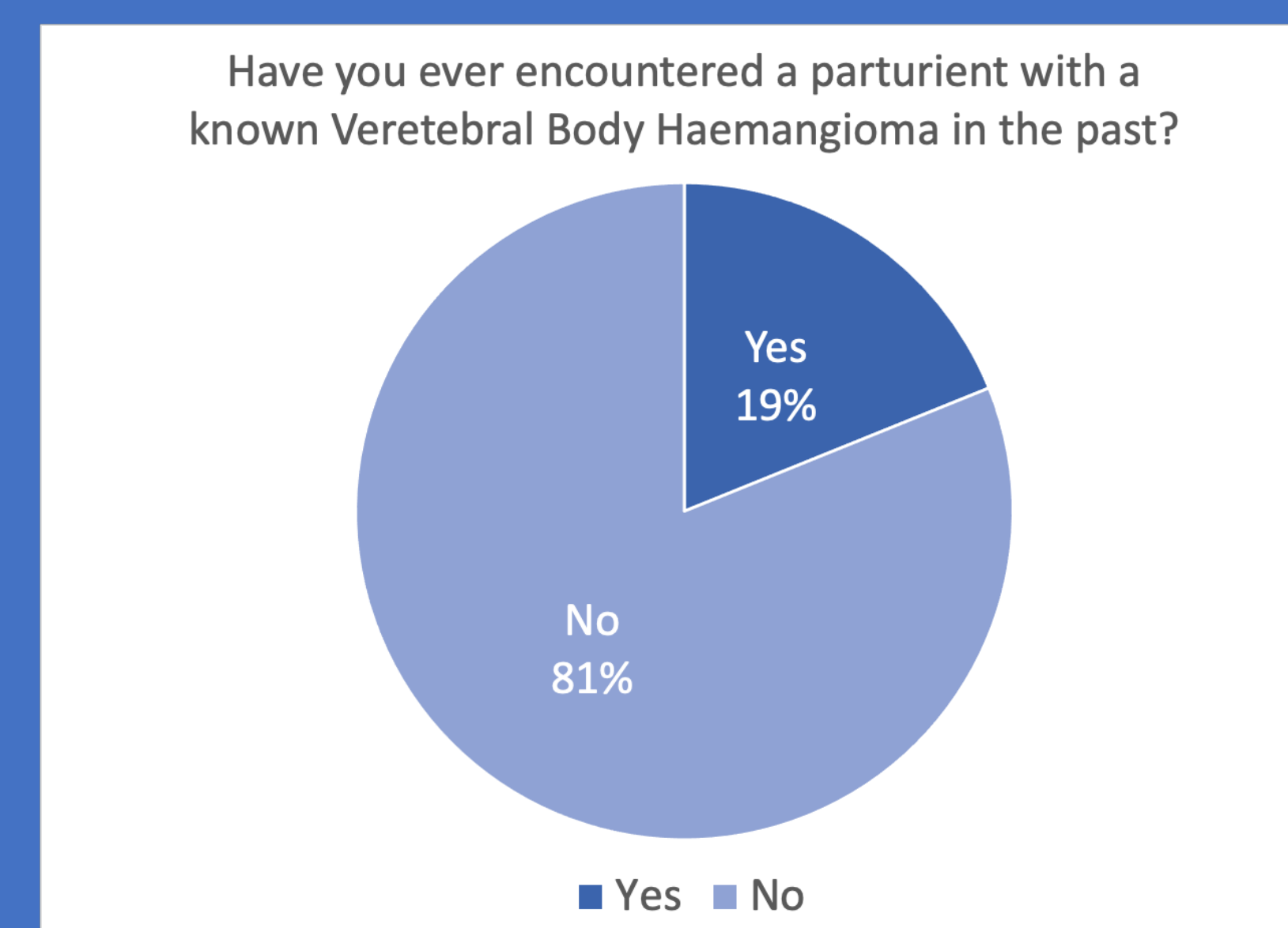
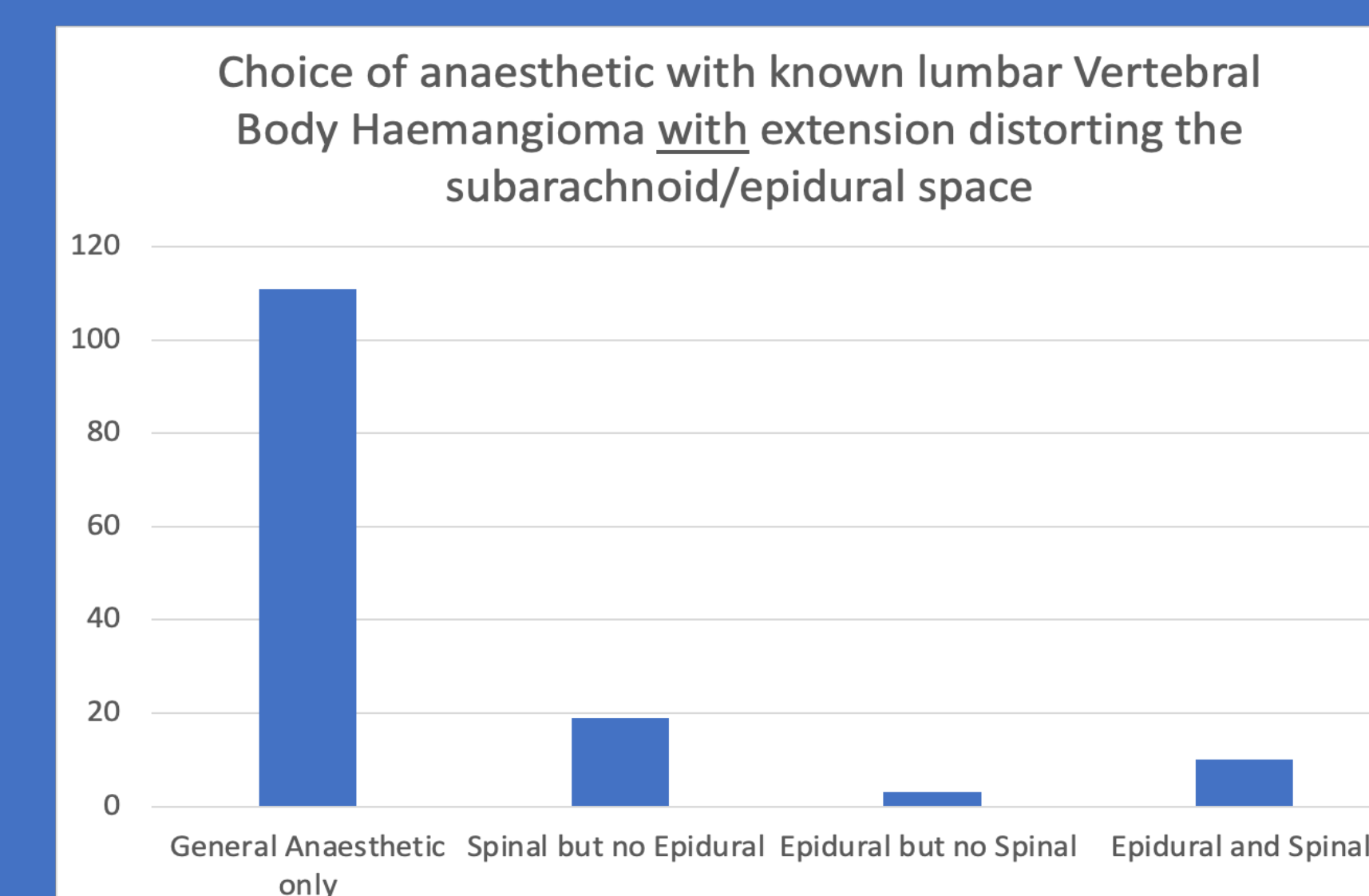
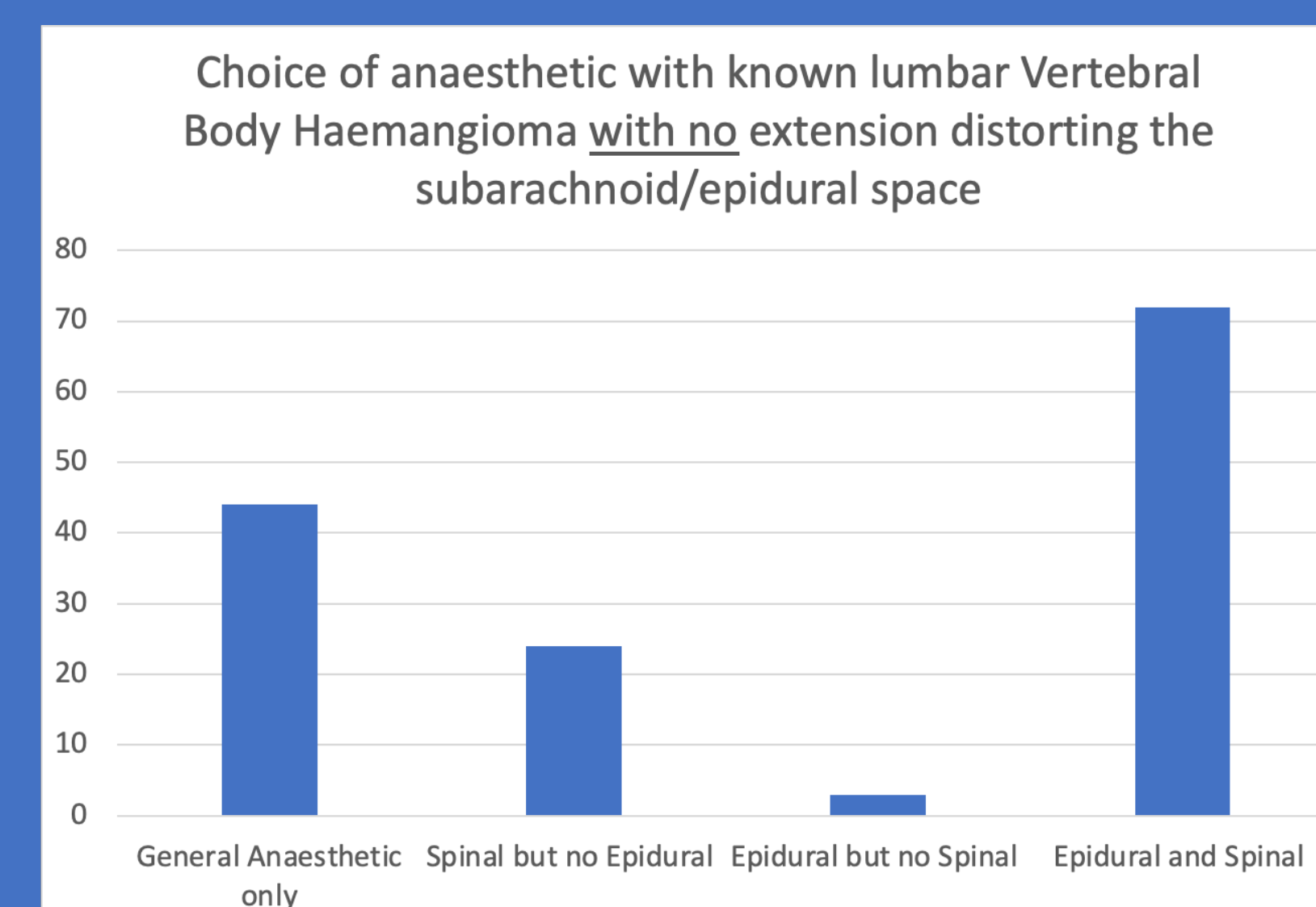
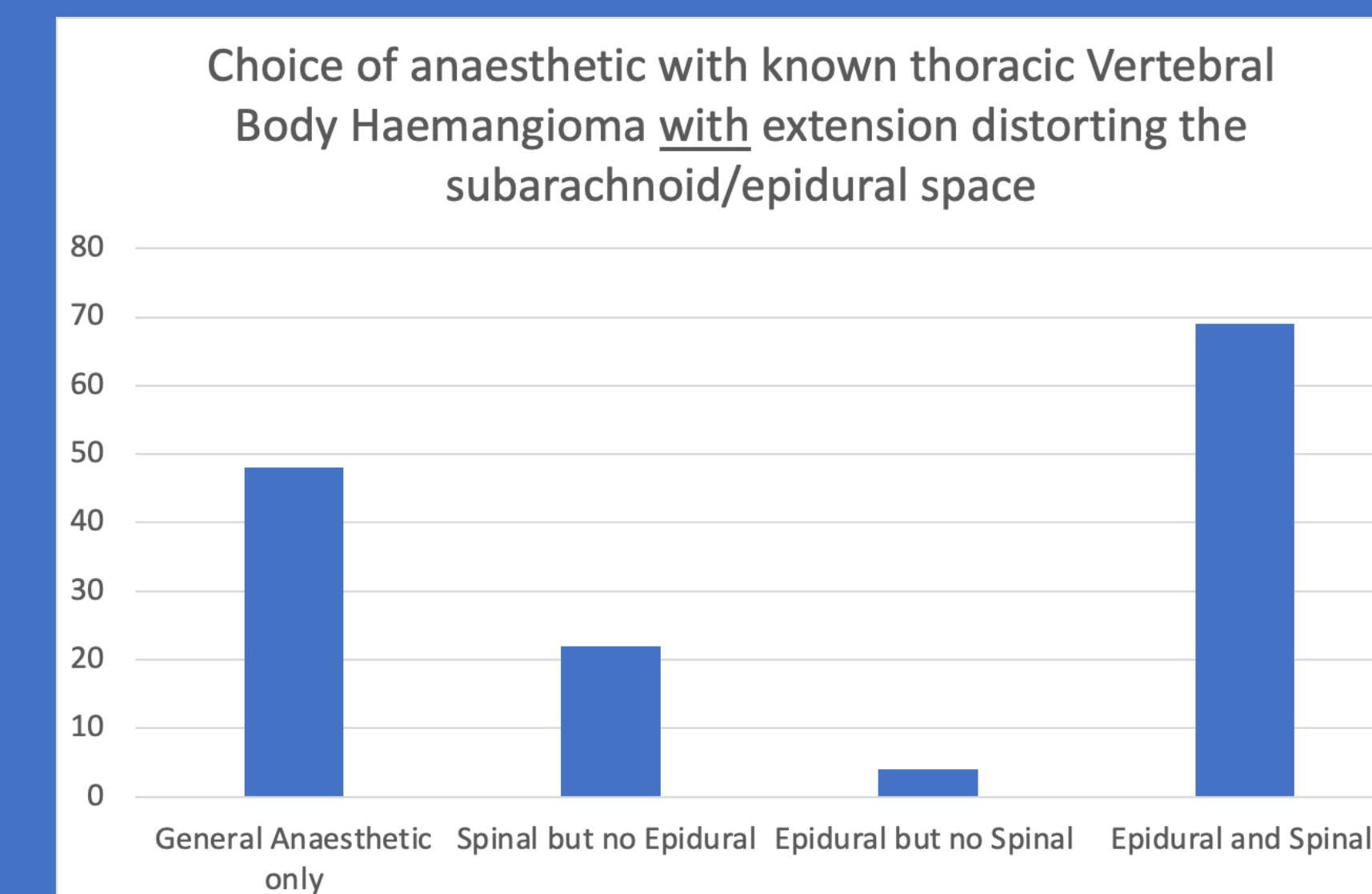
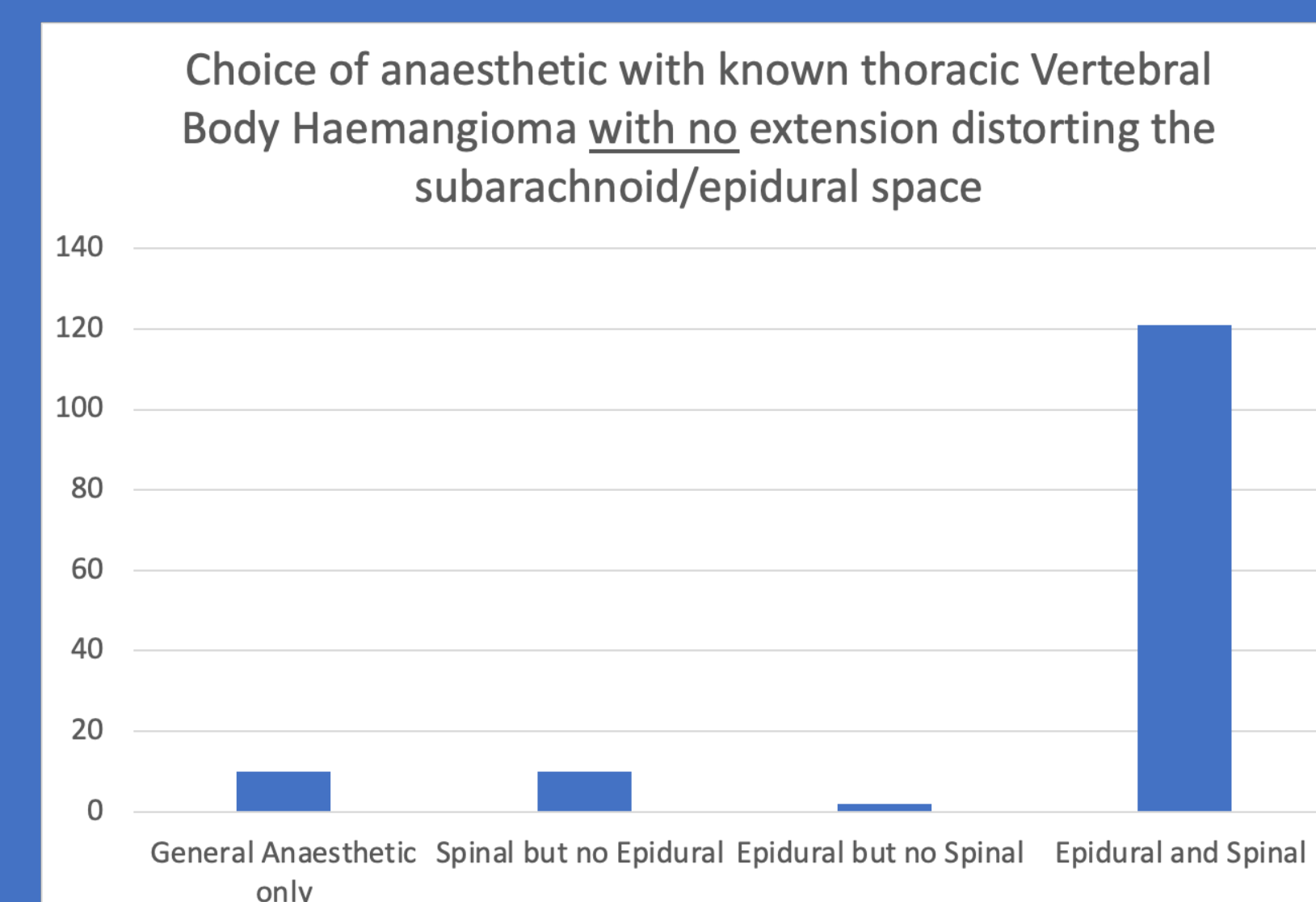
METHODS

OAA approved national survey

Survey sent electronically to all OAA members

Questions;

1. Encountered pregnant parturient in the past with a vertebral body haemangioma?
2. Previous neuraxial complication secondary to vertebral body haemangioma?
3. Anaesthetic choice with known:
 - Lumbar vertebral body haemangioma with no extension distorting subarachnoid/epidural space
 - Lumbar vertebral body haemangioma with extension distorting subarachnoid/epidural space
 - Thoracic vertebral body haemangioma with no extension distorting subarachnoid/epidural space
 - Thoracic vertebral body haemangioma with extension distorting subarachnoid/epidural space
4. Would you use ultrasound to identify alternative space?



SURVEY RESPONSE

143 responses received (8% response rate)

Delivery unit size (deliveries per annum):

<2000:	8.4%
2000-4000:	24.5%
4000 - 6000:	45.5%
>6000:	21.7%

DISCUSSION

Despite a high incidence, only 19% of respondents had encountered a pregnant parturient with a vertebral body haemangioma. Reassuringly, no respondent reported a complication secondary to a vertebral body haemangioma. There is no published guidance on how best to manage patients with vertebral body haemangiomas in this setting and this is reflected in the range of answers to our questions; however, a lumbar vertebral body haemangioma causing distortion of the subarachnoid/epidural space would lead to most respondents avoiding neuraxial anaesthesia.

REFERENCES

1. McAllister VL, Kendall BE, Bull JW. Symptomatic vertebral haemangiomas. Brain. 1975;98 (1): 71-80.
2. Santagada DA, Perna A, Meluzio MC, Ciolli G, Proietti L, Tamburrelli FC. Symptomatic vertebral hemangioma during pregnancy period: A case series and systematic literature review. Orthop Rev (Pavia). 2020 Jun 26;12(Suppl 1):8685. doi: 10.4081/or.2020.8685. PMID: 32913613; PMCID: PMC7459382.