

BACK PAIN IN PREGNANCY

red flags and challenges

BACKGROUND



35 year old
30/40 pregnant
new breast lump



7 month history of
worsening thoracic back pain



imaging delayed due to
radiation concerns in
pregnancy



mis-diagnosed as
fibromyalgia & depression



mobilising with wheelchair
due to lower limb weakness
by time of presentation to
secondary care



* T1/2 collapse &
cord compression

MANAGEMENT

DIAGNOSIS:

Pregnancy-Associated Breast Cancer
(PABC)

Widespread metastatic disease

T1/2 collapse & cord compression

CONSIDERATIONS:

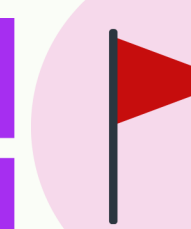
Early delivery, oncological treatment,
need for spinal stabilisation, difficult
airway.

CARE DELIVERED:

- MDT plan
- Expedited delivery at 30⁺/40
- Caesarean delivery under
GA with TIVA
- No neuraxial technique
- Videolaryngoscopy + MILS
- No fundal pressure / cricoid
- Multi-level spinal stabilisation
on day 2 post CD

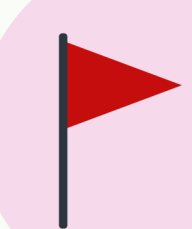
LEARN SOMETHING

RED FLAGS FOR CANCER & BACK PAIN



Thoracic
pain

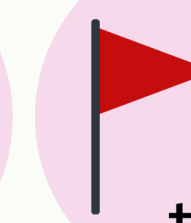
Age 50+



Gradual
onset

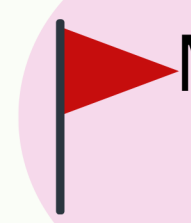
Severe
lumbar pain

Unexplained
weight loss

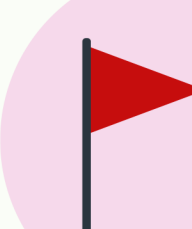


Localised
spinal
tenderness

Night spinal
pain

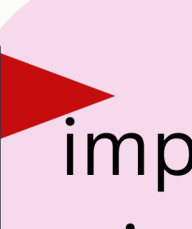


Mechanical
pain



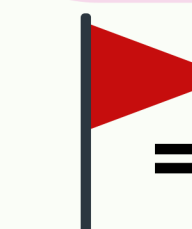
Pain on
straining

Claudication



No
improvement
in 6 weeks

History of
cancer



= present in this case report

DISCUSSION

- ▶ PABC likely to increase in incidence
- ▶ Challenging to provide spinal care on
maternity units
- ▶ Technique adjustments needed to
account for metastatic disease
- ▶ Women experience healthcare
inequalities in pregnancy that may
increase morbidity

Ben Sharif, Yavor Metodiev



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board