



Anesthetic Management of a Pregnant Patient with Carcinoid Tumor Undergoing Cesarean Delivery

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Introduction

●**Carcinoid tumors** are a rare type of neuroendocrine tumors arising commonly from **enterochromaffin cells** of the gastrointestinal tract.

●Presentation in a **pregnant** patient might be misleading as the pathological changes attributed to the tumor could be **masked** by the physiological changes of pregnancy.

Case summary

A 20-year-old primigravida, diagnosed with **pancreatic vs duodenal neuroendocrine tumor with liver metastasis** was referred to our anesthesia clinic for preoperative assessment.

● The patient was diagnosed with carcinoid tumor **one year** prior to her pregnancy.

●She was on **Octreotide** injection.

●She didn’t exhibit any symptoms during her pregnancy.

●C-section was done under **combined spinal epidural anesthesia**.

●She had a sudden episode of **flushing and palpitations** with severe **hypotension** and was transferred to ICU.

Discussion

● Managing pregnant patients with carcinoid tumor is challenging and not standardized.

●**Counseling** the pregnant mother regarding the life threatening complications is crucial.

●It is important to emphasize the need of **early recognition, management**, and **optimization** to mitigate risks.

●Balance is required in anesthesia choices: **general versus regional**.

● Approaching these patients should focus on **avoiding stressful events** and triggers.

● The **mainstay of management** focuses on **blocking** the release of hormones using octreotide.

Conclusion

● This case underscores the importance of meticulous perioperative planning and vigilant monitoring in pregnant patients with carcinoid tumors.

● Prompt recognition and management of carcinoid crisis are essential to optimize maternal and fetal outcomes.

● Further studies are needed to establish standardized management protocols for carcinoid tumors in pregnancy.

References

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