

Challenges of a Neurosurgical emergency presenting to Maternity Assessment Unit (MAU) unit during COVID-19

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Introduction

Pregnant patients presenting with non-obstetric emergencies should receive the same standard of care as those that are not pregnant.

Individuals presenting to MAU with such emergencies may face obstacles to optimal care including reduced access to a senior review from other specialties. This has been compounded by the COVID-19 pandemic, as demonstrated by the current case report.

Patient presentation to MAU, October 2021

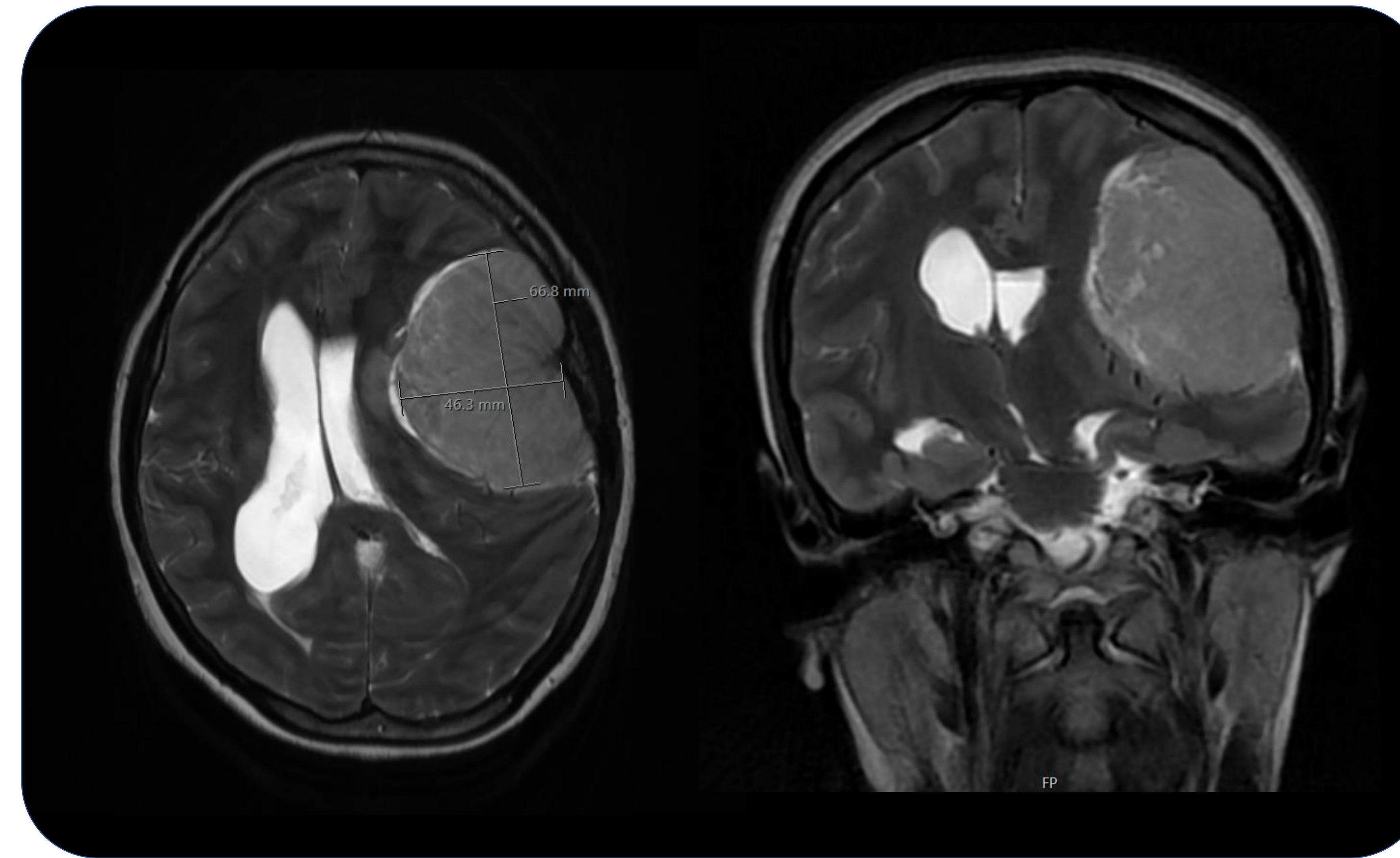
- 36 year old, Gravida 3 Para 1, 27+5 weeks gestation
- Presenting complaint 'confusion & slurred speech'
- Unable to give history as had expressive dysphasia

Collateral history from partner:

- 3 months of confusion with several previous GP telephone consultations. Her symptoms were attributed to recent work-related stress for which she was undergoing talking therapies.
- 10 days of early morning headache with associated nausea and vomiting.
- 1 day history of facial palsy noticed by her colleague but not the patient or partner. **This prompted her to attend MAU.**
- Two previous episodes of collapse with unknown cause; attended MAU following one collapse but was not seen by a Doctor.

Examination findings

- **Lower facial palsy with sparing of the forehead which was hidden by her mask**
- Expressive dysphasia evident
- No other neurology



MRI brain images showing meningioma leading to midline shift obstructing hydrocephalus and subfalcine and uncal herniation

Take Away Points

- Non-obstetric emergencies do present to Maternity services which may act as a barrier to optimal care.
- Secondary to the pandemic, patients are presenting later and therefore are more likely to be in a state of clinical emergency. Our case report demonstrates this is also the case for non-obstetric presentations to maternity services.
- There are often not standard management recommendations for rarer emergencies in the pregnant patient which makes decision making and counselling more challenging.

Diagnosis and Management

Discussion with the Medical Registrar: Advised the patient should be admitted to the Antenatal Ward under joint care and would be reviewed. She was reviewed by the most junior member of the Medical team (FY1).

Obstetric team discussed with tertiary centre stroke Consultant: For MRI head. This was arranged immediately and showed a **66.8 x 43.6mm meningioma causing significant midline shift, obstructing hydrocephalus and subfalcine and descending uncal herniation.**

Obstetric team discussed with the nearest Neurosurgical centre: plan for blue light transfer. Following transfer, she had an emergency Caesarean Section followed by Craniotomy under General Anaesthetic the following morning.

She continues to make a steady recovery and baby is doing well.

Discussion

The type of care provided in Maternity services was not understood by all specialties involved. Her healthy pregnancy was a barrier to receiving prompt Senior Medical Review and being admitted to a ward where neurological care could be provided.

Following this case, similar presentations have been re-directed to A&E after obstetric causes have been ruled out. COVID-19 likely contributed to her late presentation despite engaging with services, with limited access to face-to-face GP appointments, and her abnormal neurology hidden by her face mask.