

Intellectual disability, sexual abuse and scoliosis: coordinated cesarean section care for a patient with 22q11 deletion syndrome

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Case Report: presentation

24 year old G1P0 parturient at 31 weeks gestation was referred for anesthesia consult. Her chart and exam raised several concerns.

- . Pregnant from sexual abuse
- . 22q11.2 deletion syndrome
 - developmental delay
 - scoliosis
 - congenitally fused cervical spine, limited neck extension
 - two-centimeter mouth opening
 - velopharyngeal insufficiency
 - hearing loss
 - normal echo, no known renal abnormalities
- . Scheduled to have a cesarean section at 38 weeks
- . Hmong-speaking



Concerns and preparation

Concern	Patient risk factors	Targeted preparations
Difficult Neuraxial	- Scoliosis, back pain - Communication barriers - language - developmental delay - hearing loss	• Ultrasound • Second anesthesia staff • In person interpreter • Mother present • Loud, slow, clear speech and quiet room • Hearing aids OK
Difficult Airway	- Fused cervical spine - Small mouth opening - Aspiration risk with velopharyngeal insufficiency	• Neuraxial first • Difficult airway cart • Second anesthesia staff
Psychologic Distress	- History of abuse - Communication barriers	• Ongoing communication about expected sensations • Positioned herself, no arm restraints • Mother, interpreter present

With an interpreter, the patient, her mother and an anesthesiologist discussed spinal and general anesthesia. The patient had a history of tolerating venipuncture well with family support. A plan was made for first attempting spinal anesthesia with individualized support.

Discussion

Case progression: Spinal placement was successful on second attempt, which the patient tolerated well. She remained hemodynamically stable and conversant through the procedure. She delivered a vigorous infant and had skin-to-skin. She had an uneventful recovery, was visited by lactation and social work, and was discharged postoperative day three.

Discussion: People with intellectual disability are at higher risk of sexual abuse. When abuse leads to pregnancy, multidisciplinary advance planning can help provide respectful care and informed consent for patients.

- Consent: Our patient and her family preferred to not have a legal guardian, but the patient was not able to repeat risks and benefits of procedures. Both she and her mother signed consent forms.
- Individualized management of anesthetic risks:
 - Difficult airway, difficult neuraxial placement, and psychological distress
 - Appropriate equipment, personnel and interventions

References:

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