Intracranial Abscess in a Primagravida: An Interdisciplinary Approach

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CASE

- 28-year-old G1P0 at 38 weeks gestation with acute encephalopathy, periorbital edema, and proptosis
- History of polysubstance use, positive urine drug screen
- Persistent category II tracing with signs of early labor
- CT head remarkable for left frontoparietal epidural abscess and cavernous sinus thrombosis
- Required simultaneous emergent cesarean delivery and burr hole evacuation due to worsening encephalopathy

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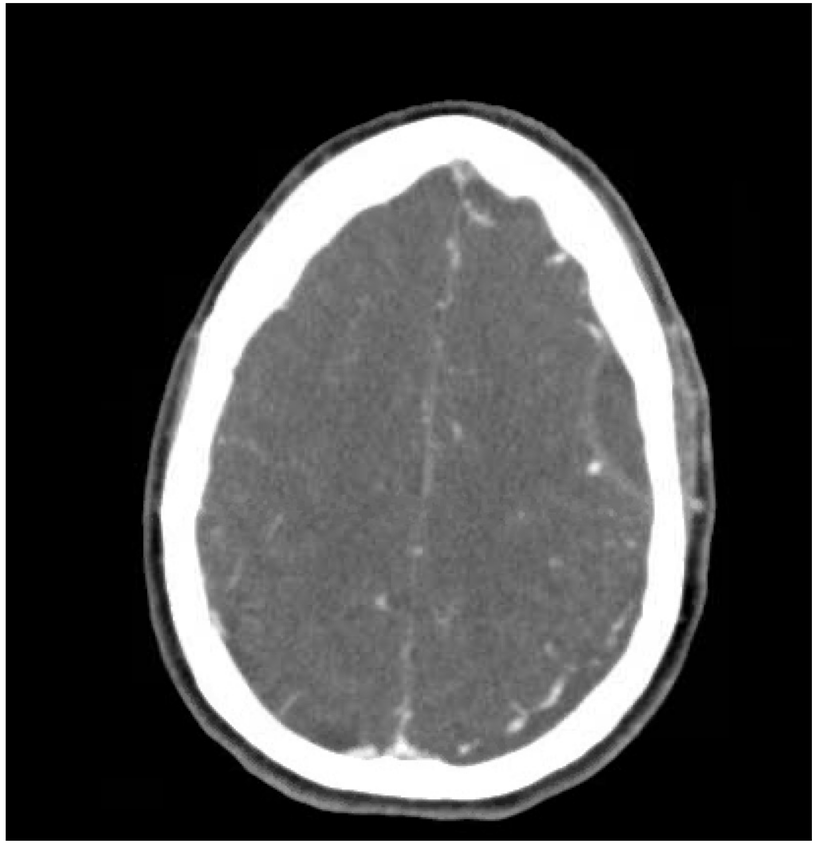

ANESTHETIC CONSIDERATIONS

- Gravid uterus
  - Rapid sequence intubation
- Suspected increased intracranial pressure (ICP)
  - Video laryngoscopy to minimize intubation attempts
  - Remifentanil bolus on induction to blunt hemodynamic response to laryngoscopy
  - Total intravenous anesthesia (TIVA)
  - Goal PaCO2 28-32 mm Hg

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LEARNING POINTS

- An intracranial abscess in pregnancy is rare, but has a mortality rate of up to 30%
- Intravenous drug use is a known risk factor
- Emergent neurosurgery with signs of distress in a viable fetus is an indication for cesarean delivery
- Management of increased ICP in pregnancy requires a balance to avoid intracranial pressure variations while maintaining fetal perfusion
- Early detection and interdisciplinary management can improve outcomes for mother and fetus

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