



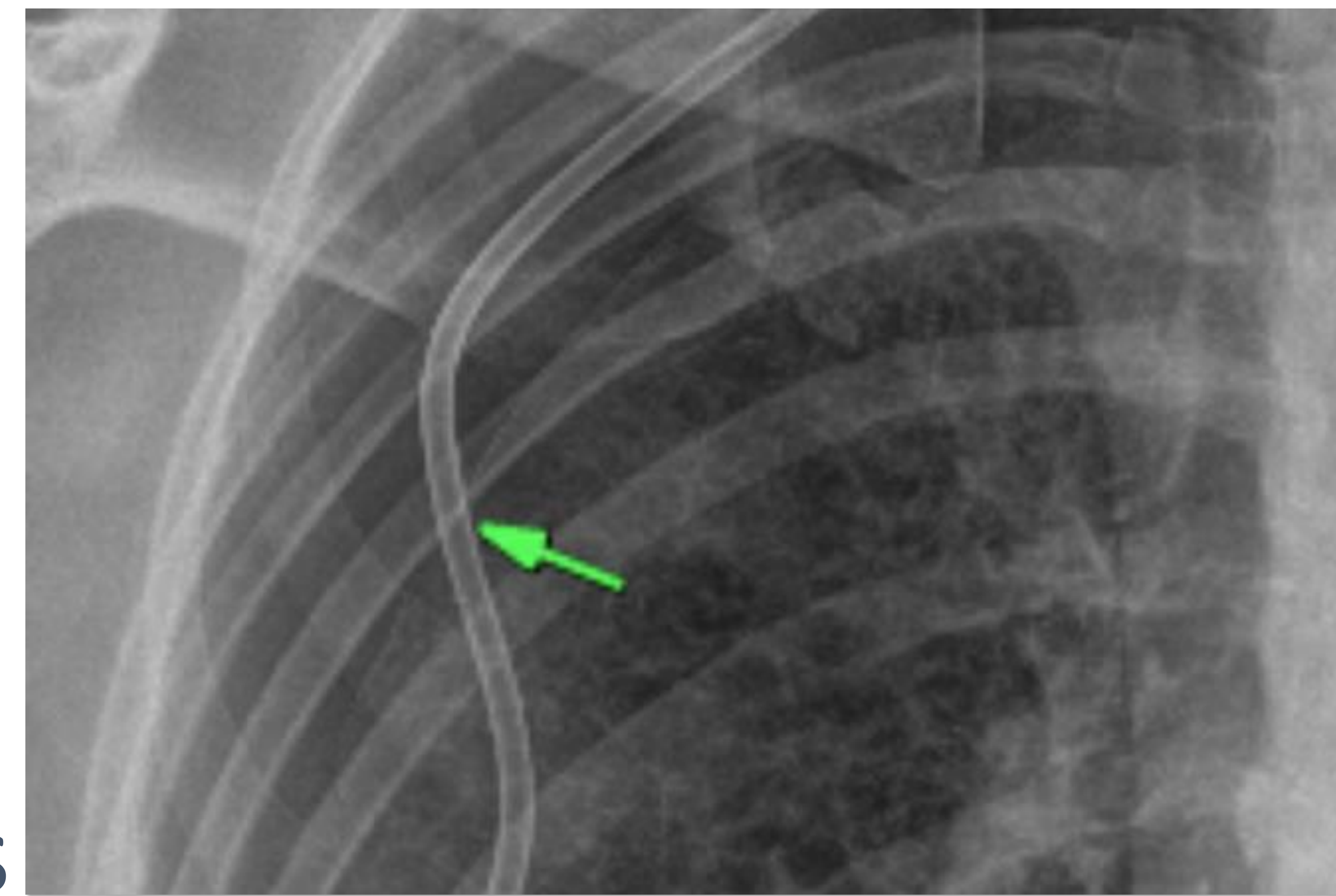
Lymphangioleiomyomatosis (LAM) Complicated by Bilateral Pneumothorax in Pregnancy: A Case Report

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- **Lymphangioleiomyomatosis (LAM)** is a rare cystic lung disease seen in women of childbearing age
- LAM cells have estrogen and progesterone receptors that stimulate cell proliferation
- mTOR inhibitor sirolimus is the only FDA approved therapy
- Cases in which LAM was diagnosed during pregnancy may have a **higher rate of respiratory complications**

Case

- 36 year-old - G5P3 presented at 21 weeks
 - Progressive dyspnea on exertion
 - Chest XR: pneumothorax (PTX)
- 22 weeks: large bilateral PTX - surgical chest tubes
- 24 weeks: lung biopsy confirms LAM
- 25 weeks: sirolimus
- 33 weeks: transferred to Columbia (LAM Center)
- 33-34 weeks: Erector Spinae Plane (ESP) block catheters
- 36 weeks: CSE for elective induction of labor, forceps assisted vaginal delivery 6h later
- PPD6: Bilateral video-assisted surgical pleurectomy, talc pleurodesis, preop thoracic epidural



Discussion

- Multidisciplinary approach (MFM, OB anesthesia, regional anesthesia, thoracic surgery, pulmonology, critical care)
- Bilateral ESP catheters effectively treated pain associated with surgical chest tubes and recurrent PTX
 - Use of ESP block (and indwelling catheter) in pregnant women not well described
 - Management of PTX pain during pregnancy is not described

