

NEURAXIAL ANESTHESIA IN A PATIENT WITH A CHRONIC EPIDURAL CEREBROSPINAL FLUID COLLECTION

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- A 36 yo G1P0 at 30w5d for consult
- PMH Multiple Sclerosis and epidural CSF leak
- Routine imaging for MS surveillance and had a stable “[anterior] epidural fluid collection [that] extended from the level of **C6 through L1**” thought to be due to a traumatic LP for MS diagnosis resulting in positional headaches
- CSF collection volume appeared **stable** on MRI and the patient **denied active symptoms**
- Patient requested a labor epidural



MULTIDISCIPLINARY DISCUSSION

Obstetrics

- Vaginal delivery desired

Neurology

- No precedent in literature
- Fluid collection may expand
- Infection risk unclear

Labor and Delivery Team

Neuroradiology

- Unclear if dural tear present
- Myelogram needed to assess, but unable to perform due to use of ionizing radiation

Anesthesia

- Concern for efficacy of local anesthetic mix
- High volume labor epidural mix may cause spinal cord compression

MANAGEMENT AND OUTCOME

LABOR EPIDURAL TO C-SECTION

- Labor epidural placed
- Patient reported good coverage of labor pain
- Proceeded to Cesarean delivery due to failure to progress
- Epidural failed to convert despite chloroprocaine 3% 20cc
- General anesthesia induced due to non-reassuring fetal heart tracing
- **No neurological complications reported by patient**

DISCUSSION

- In the setting of neurological complications in planning for pregnancy, most emphasis is placed on intrinsic spinal cord lesions or intracranial lesions
- Epidural fluid collections are rarer with unclear management
- Multidisciplinary discussions were useful to delineate the potential risks from different clinical perspectives
- Emphasis placed on multidisciplinary monitoring of patient