

Disc Herniation During Labor Requiring Emergent Surgery



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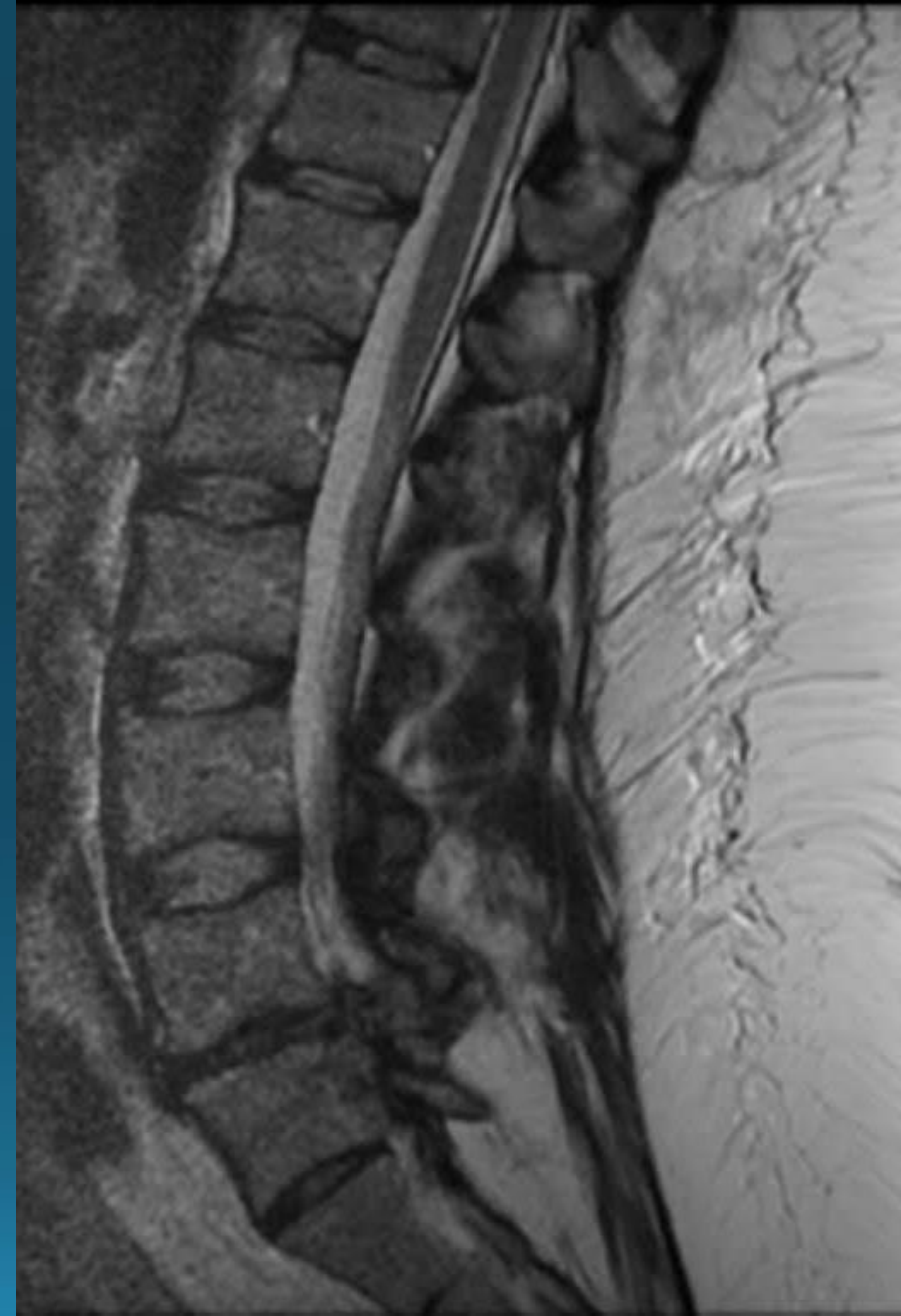
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- Nearly **half of parturients** experience **low back pain during pregnancy**, making this an unfortunate albeit common complaint during pregnancy.
- Although there are a variety of causes of acute low back pain during the peripartum period, **disc herniation** as a main cause is rare, occurring in **1 out of every 10,000 parturients**.
- It is estimated **less than 15%** of those parturients with **disc herniation** experience alarming symptoms requiring immediate **surgical intervention**.

Case Discussion

- Patient: 31yo G5Po at 37+6 EGA
- PMH: BMI 53.5, hypertension, bipolar d/o, GDM, & lumbar spinal stenosis with L4/L5 disc herniation and L5 nerve root compression
- Admitted for: IOL 2/2 GDM
- Course: chronic left-sided LBP w/ radiculopathy prompting an L4-5 lumbar laminectomy @ 24 weeks EGA. Symptoms persisted, planned for repeat discectomy after delivery
 - Extensive counselling by OB anesthesia, opted for an epidural
 - Early dural puncture epidural performed under ultrasound at L3-4 interspace, above previous surgical scarring
 - Prolonged IOL, in various seated positions
 - Emergent cesarean delivery under neuraxial anesthesia 2/2 fetal intolerance to labor
 - No complications
- POD #1, decreased sensation to left lateral thigh without bowel or bladder incontinence
- Neurology and physical therapy consulted
- Several hours later → worsening low back pain, radiculopathy and difficulty voiding.
- MRI revealed worsening disc herniation with “partial cauda equina syndrome”. Neurosurgery was consulted and emergently performed a microdiscectomy. Her exam continued to improve postoperatively until discharge.



Conclusion

- Parturients with a complicated PMH and neurologic complaints require complex medical decision making.
- Recognition that **hormones** accompanying pregnancy alter joints of the pelvis is paramount. Worsening neurologic symptoms should trigger immediate work up to avoid patient injury.
- This case stresses the importance of **pre operative counselling, proper positioning of the parturient during labor, diligent post operative follow up, multidisciplinary care, and anticipation of complications** in order to improve our treatment of and prevent adverse outcomes in these patients.

