

Pregnant patient with brain abscess and intracranial hypertension undergoing emergency cesarean section

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BACKGROUND: Anesthesia for cesarean section must take into consideration the possibility of raised ICP and measures for reduction should be taken.

CASE

- 35 years old, G2P1 at 25 weeks pregnant
- Developed visual disturbances and altered mental status, GCS 3

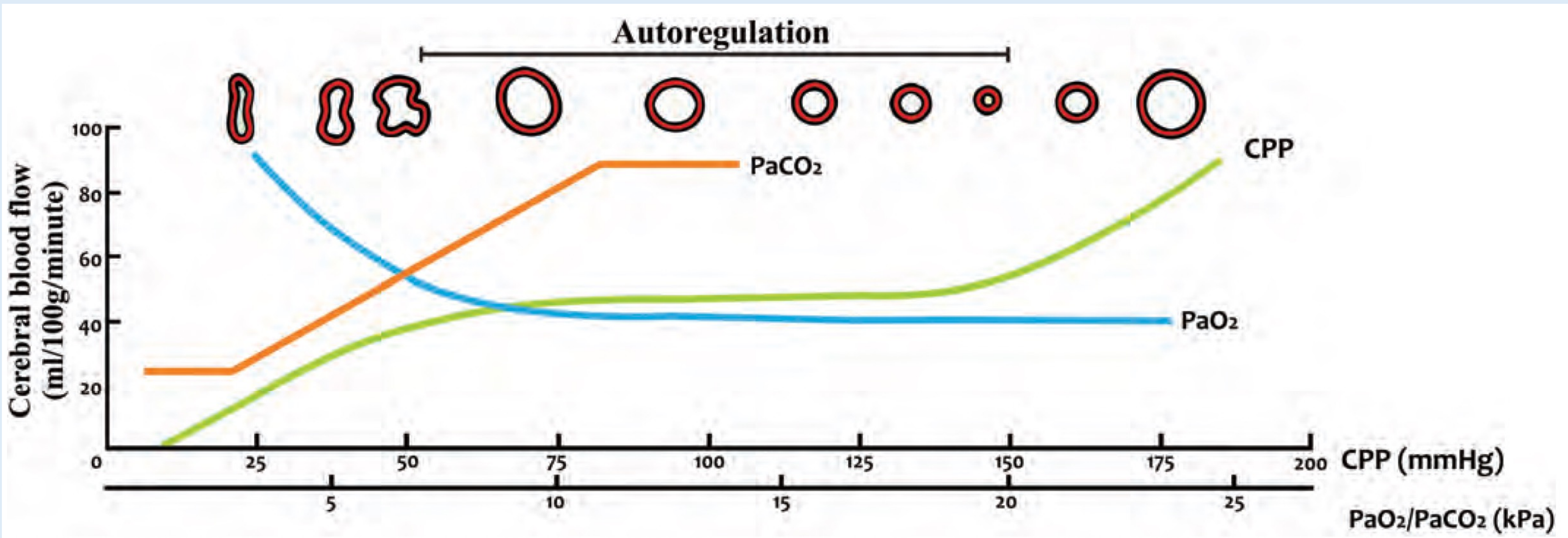


- An emergency cesarean section was performed under general anesthesia with *neurologic precautions*
- The patient remained hemodynamically stable and a live 840g baby was delivered.
- Post cesarean section the patient underwent an uneventful decompressive craniectomy and drainage of intracerebral abscess.

DISCUSSION

- The management of brain abscesses and intracranial hypertension in pregnancy requires a multidisciplinary approach
- Rarely neurologic precautions and obstetric anesthesia principles represent competing issues

An intracerebral abscess is a rare but life threatening infection that is extremely rare in pregnancy and presents several management dilemmas.

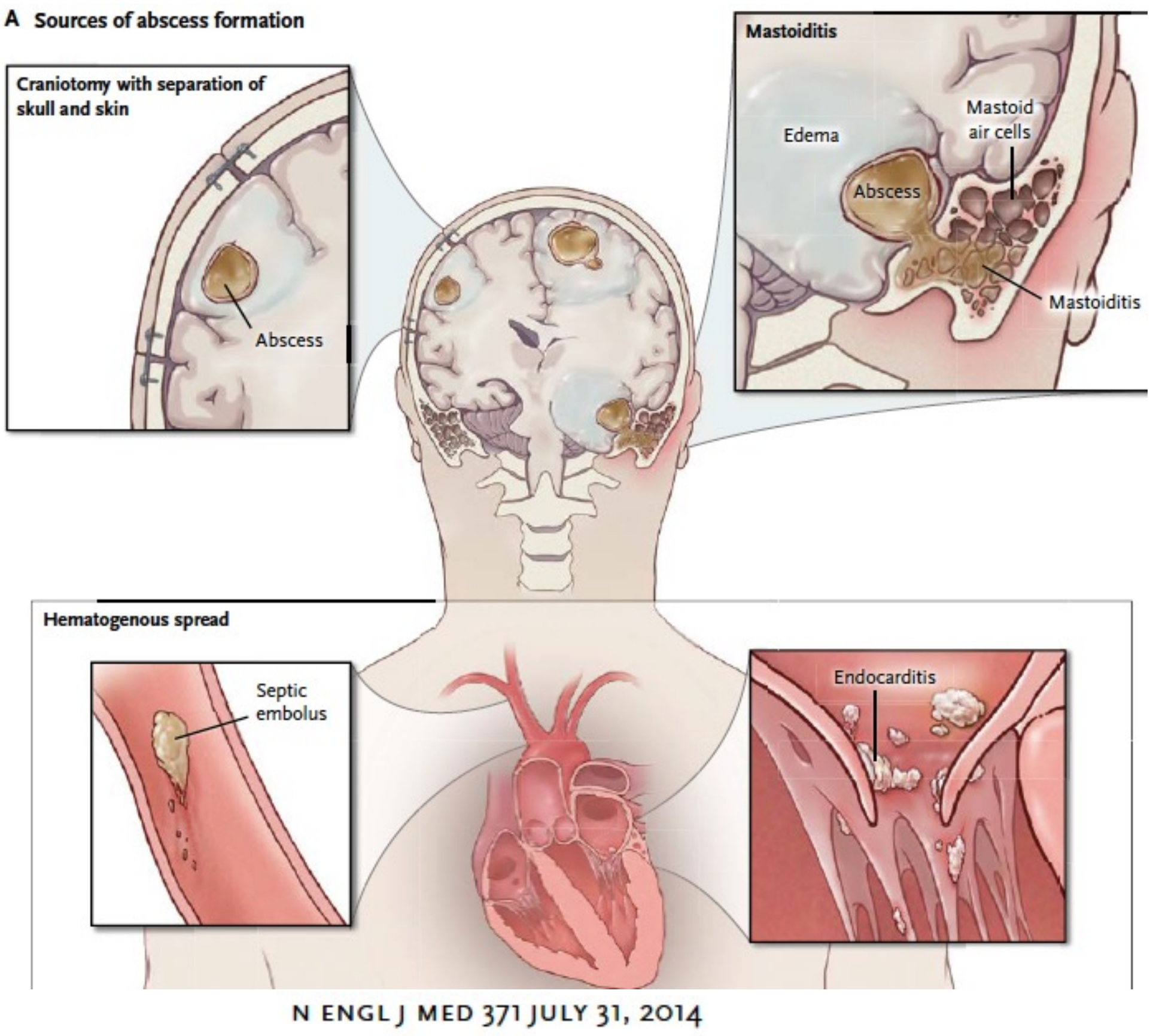


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Brain abscesses during pregnancy have been associated with head trauma, preeclampsia, mechanical cardiac valves, thrombophilia and dental abscesses.

Bacterial invasion mechanisms:

- Contiguous spread
- Hematogenous spread
 - Pulmonary or cardiac infections
- Unknown mechanisms



Diagnosis can be challenging as the symptoms can be unspecific

Treatment

- Delivery before decompression
- Decompression followed by delivery at a later date
- Conservative treatment with antibiotics and progression of pregnancy

References

1. BMC Infect Dis 2012;12:332
2. Neurology 2014;82:806-13
3. Obstet Gynecol Surv 2004; 59:207-13