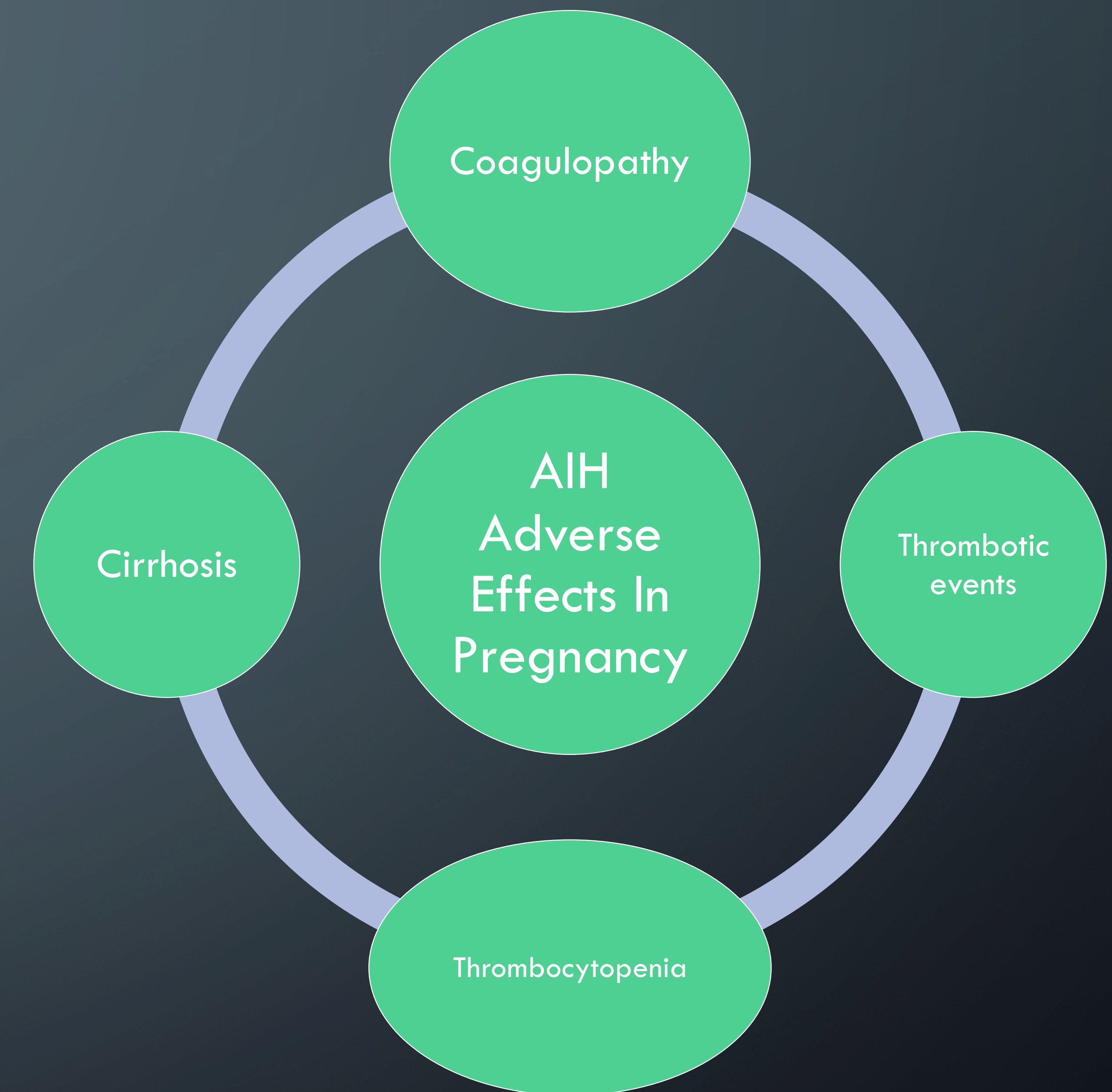


A Case of Autoimmune Hepatitis and Cesarean Delivery

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- Autoimmune hepatitis (AIH) is a rare disease that occurs more commonly in females.
- Historically, women with AIH were commonly infertile, but advances in immunosuppression treatment and medical care have enabled more patients to conceive and maintain pregnancies.
- AIH carries a high risk of morbidity and mortality, as it can lead to cirrhosis, coagulopathy, thrombocytopenia, or thrombotic events.
- Concerns regarding if neuraxial anesthesia is safe when there is coagulopathy secondary to cirrhosis should be carefully considered



CASE PRESENTATION AND PERIOPERATIVE MANAGEMENT

- 24-year-old G2P1 at 37w6d scheduled for a repeat c-section with hx of cirrhosis, AIH, and portal hypertension with esophageal varices
- On the day of surgery, the platelet count was 76,000. Coagulation panel was significant for an INR of 1.1 and fibrinogen for 258. A TEG was significant only for MA of 47, which is very slightly below normal range.
- Reassuring airway exam (MP 2), no evidence of abdominal ascites, able to lay supine without SOB

CBC	
WBC	3.2 *
RBC	4.17 *
Hgb	13.4 *
Hct	39.1 *
MCV	93.8 *
MCH	32.1 *
MCHC	34.3 *
RDW	12.4 *
Plt Count	79 *

Past Medical Hx

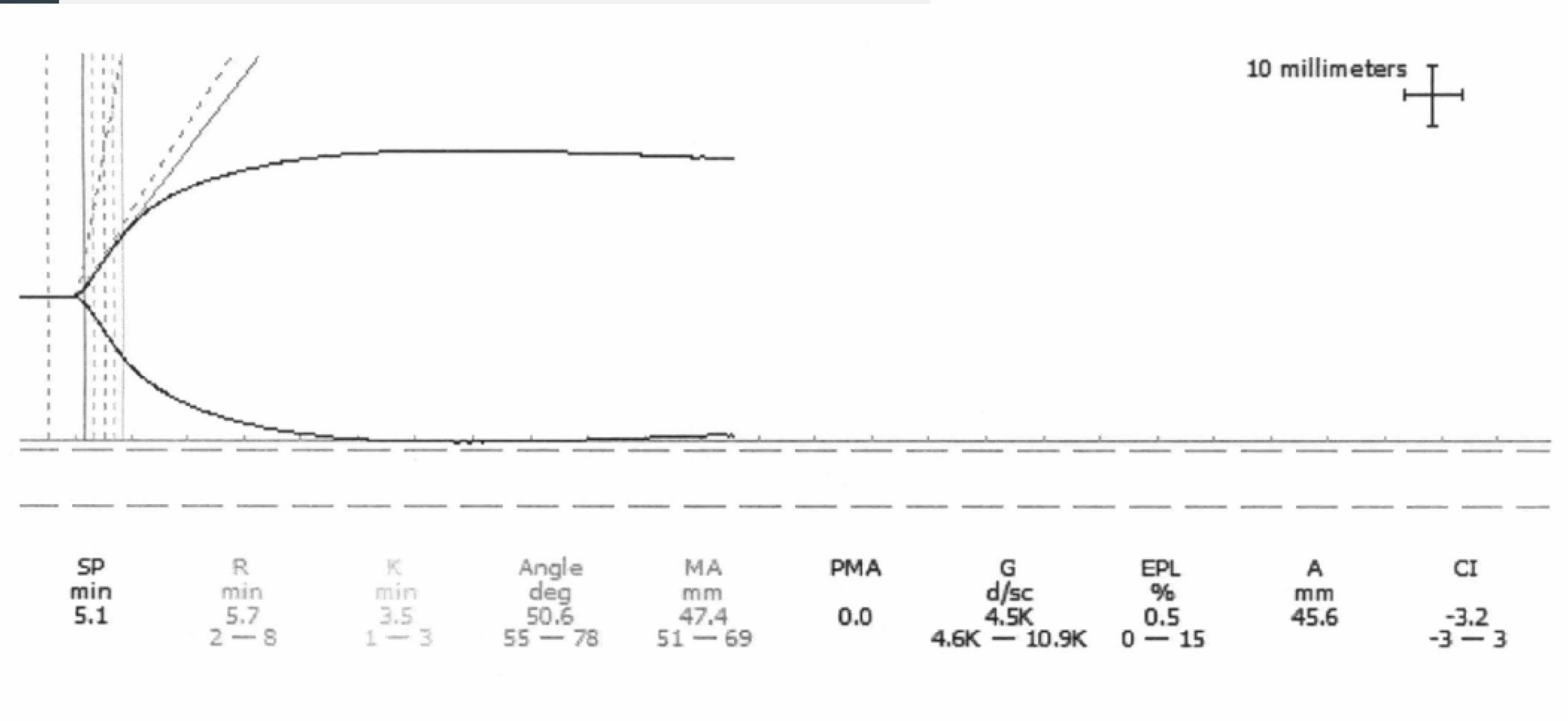
- Cirrhosis secondary to AIH, portal hypertension, splenomegaly (MELD 7)
- Thrombocytopenia (likely due to cirrhosis)
- Crohn's disease, chronic steroid use
- Cholestasis of pregnancy
- Asthma
- One previous c-section under GA due to thrombocytopenia
- Reassuring airway exam

Case Management

- A preoperative TEG, PT/PTT, INR, and CBC were ordered
- A thorough discussion of risk of neuraxial vs GETA with patient, with patient preferring spinal anesthesia
- Patient elected to proceed with Spinal
- SAB with 27g pencil point needle, one attempt
- Case complicated by hemorrhage secondary to bleeding without atony
- QBL: 1000mL, crystalloid 1600 NS, 500ml 5% albumin
- Pt received 1g TXA, 2U FFP, 1U Platelet intraop
- No signs of epidural hematoma postoperatively

COAGULATION

PT, Patient	11.6
INR	1.1 *
PTT	29 *
Fibrinogen	258



DISCUSSION AND LEARNING POINTS

- This case highlights the need for multidisciplinary care for parturient with cirrhosis and thrombocytopenia as well the difficulty the anesthesiologist faces regarding the use of neuraxial for a cesarean delivery.
- Neuraxial anesthesia is increasingly performed in thrombocytopenic patients and can be done safely given stable platelets, normal PT/INR and a reassuring TEG.
- In this case, it was determined that the overall benefits of spinal anesthesia outweighed the *possibly* small increased risk of a bleeding complication.
- The decision to perform neuraxial techniques in the presence of borderline values for platelet count, coagulation studies and TEG values should always be undertaken by an experienced anesthesiologist and consider utilizing smallest necessary spinal needle.

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