

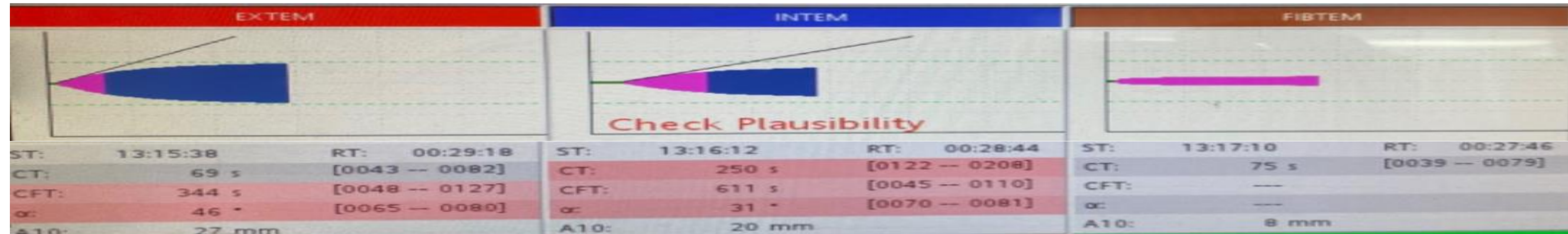


Cesarean Delivery in a Parturient with Autoimmune Hepatitis and Cirrhosis

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- 33F G1P0 at 37w4d with autoimmune hepatitis, portal hypertension c/b esophageal varices on nadalol, MELD-Na of 6 and severe thrombocytopenia and admitted for a platelet count of 35.
- Antenatal care: Hematology management of thrombocytopenia included steroids and tacrolimus but were ineffective. Admitted for platelet transfusion plus a dexamethasone induction but also ineffective. IVIG had no benefit either.
- Platelets then began to decrease further to 26 and a multi-disciplinary (MFM, hepatology, hematology, anesthesia) decision was made to deliver via cesarean delivery
- Hgb 9.6, Plt 26, PTT 34.5, INR 1.1

Anesthetic Management



- Prolonged CFT on extem and intem
 - Likely an issue with fibrinogen (CFT on extem) but also could be with factors 12, 11, 10 (CFT on intem)
- Awake arterial line and 2 units of platelets administered during CVC placement followed by 1 pooled unit of cryoprecipitate
- RSI with propofol, succinylcholine, fentanyl, lidocaine
- Easy intubation with glidescope and maintained on 50% nitrous and propofol infusion of 120mcg/kg/min
- Baby delivered 7 minutes after induction of anesthesia c/b uterine atony despite oxytocin infusion
- Carboprost given with significant improvement
- QBL of 1200 mL, 2L of crystalloid given
- Significant oozing during closure, 2 units of FFP were given and pressure was held on the uterine and skin incisions with improvement
- Extubated to high risk but complained of shortness of breath. SpO2 of 92% on 4L NC. CXR showed vascular congestion. Given furosemide and improved significantly to room air.

Key Points

- Preoperative optimization is important with multidisciplinary involvement
 - Multifactorial coagulopathy: platelet sequestration, destruction and production issues, prolonged CFT
- ROTEM can be helpful in identifying which products to use for coagulopathy in a cirrhotic patient
- Prepare for massive bleeding: rapid infuser, large bore IV access, ample blood products, point of care testing, resuscitating medications
- Portal hypertension may be exacerbated by methylergonovine. Carboprost is the preferred second-line uterotonic.
- Differential diagnosis of postoperative dyspnea after multiple transfusions: transfusion reactions including TRALI, TACO, anaphylaxis and hypervolemia

