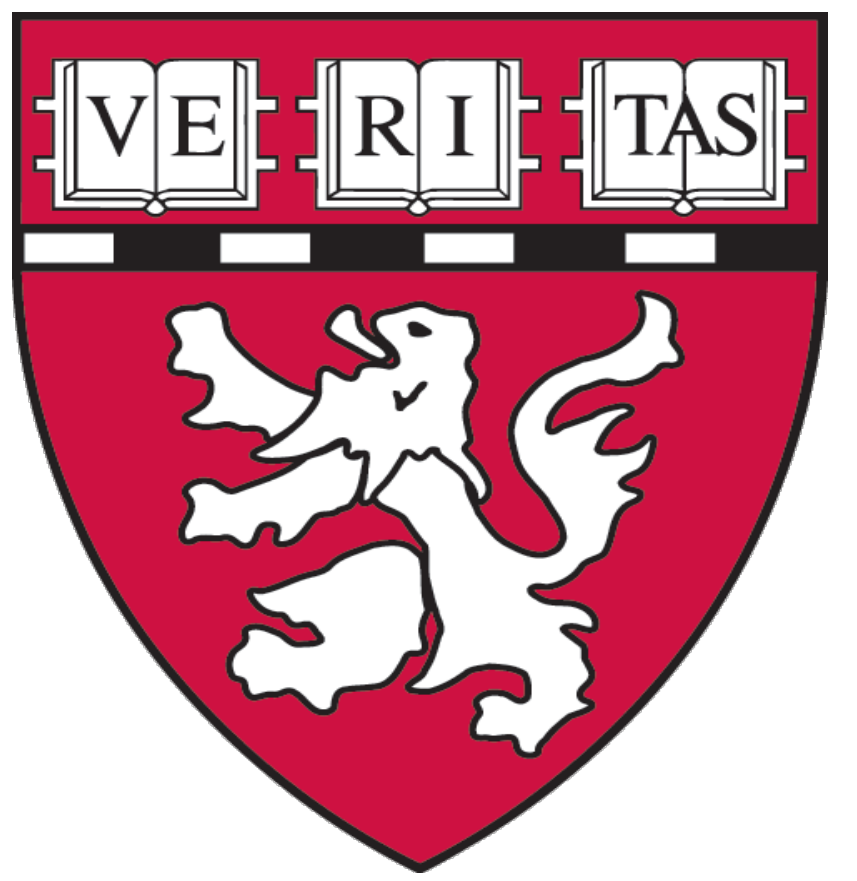




Neuraxial anesthesia in patient with preeclampsia with severe features and possible ventriculoperitoneal shunt malfunction

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HPI- 30-year-old G5P1 38+3 parturient with history of IIH presented with intractable headaches similar to those associated with her IIH

PMH- BMI 48, gestational hypertension, and gestational diabetes

Workup- Grade 1 papilledema on fundoscopy and CT with interval dilation of lateral ventricles

Baseline

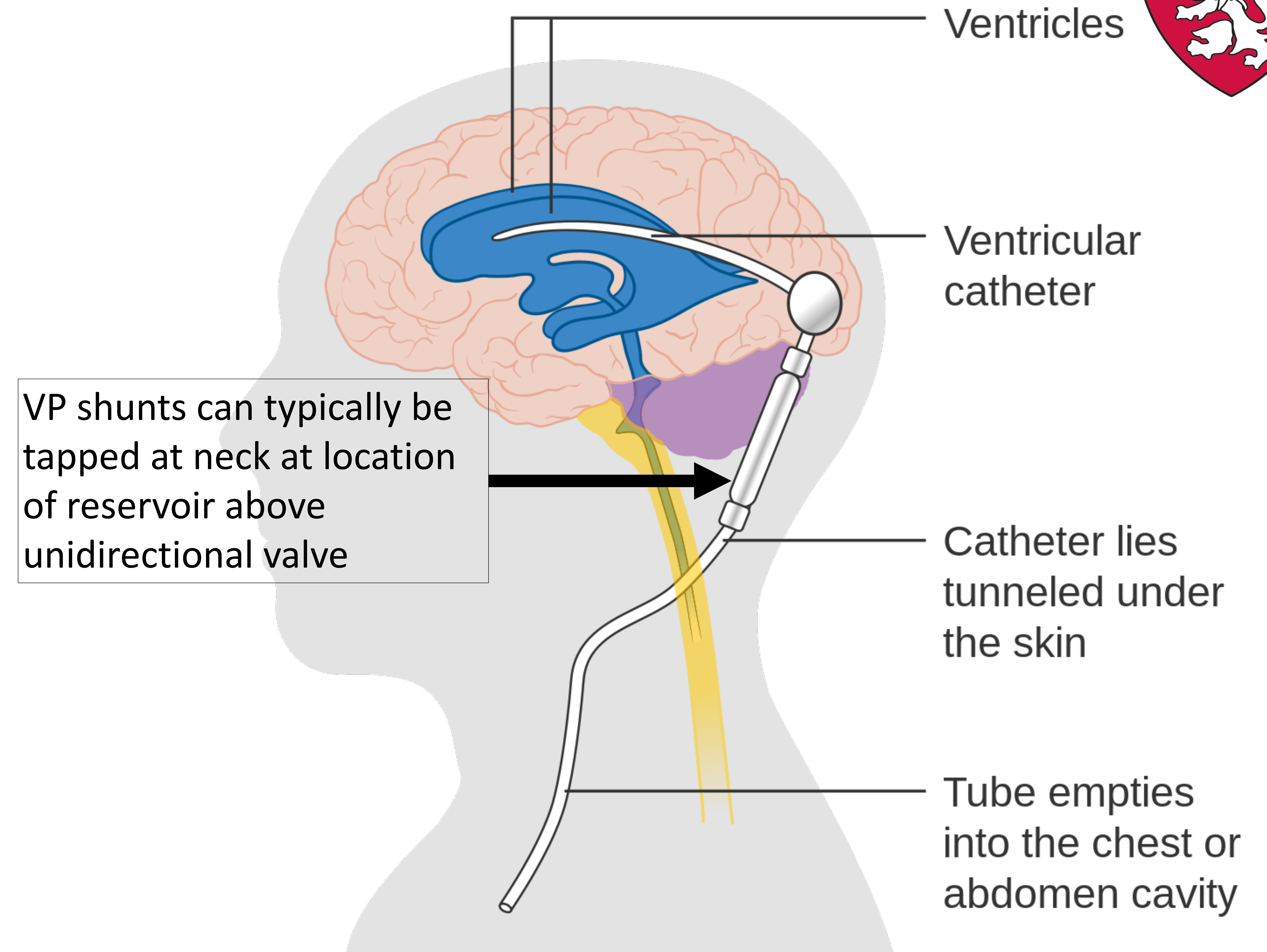


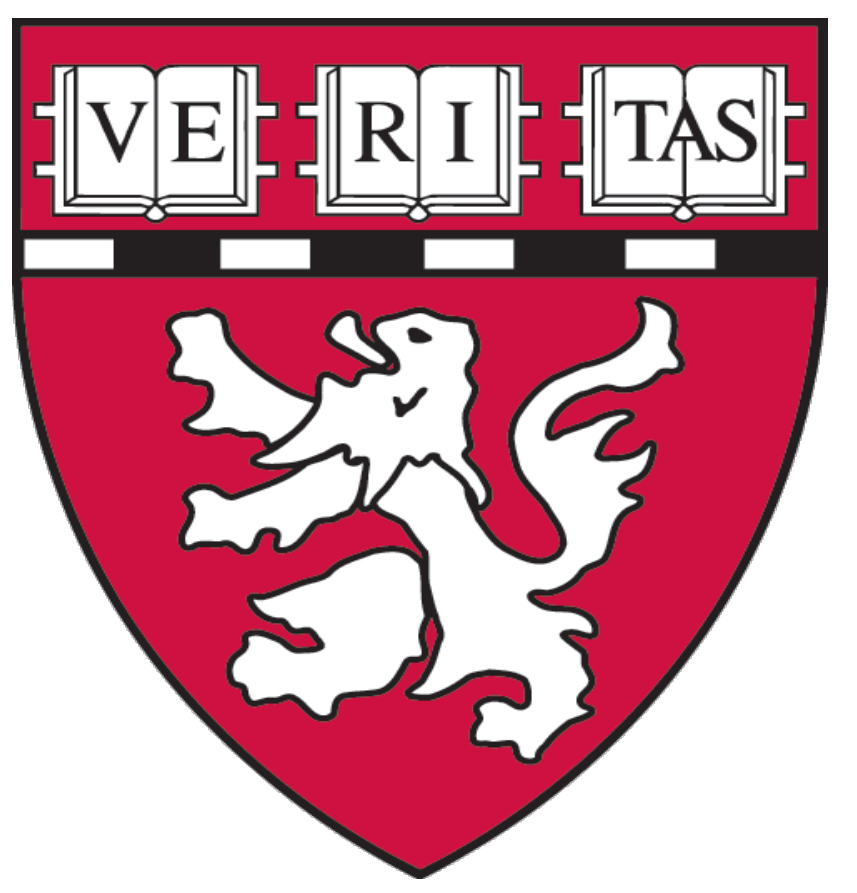
On Presentation



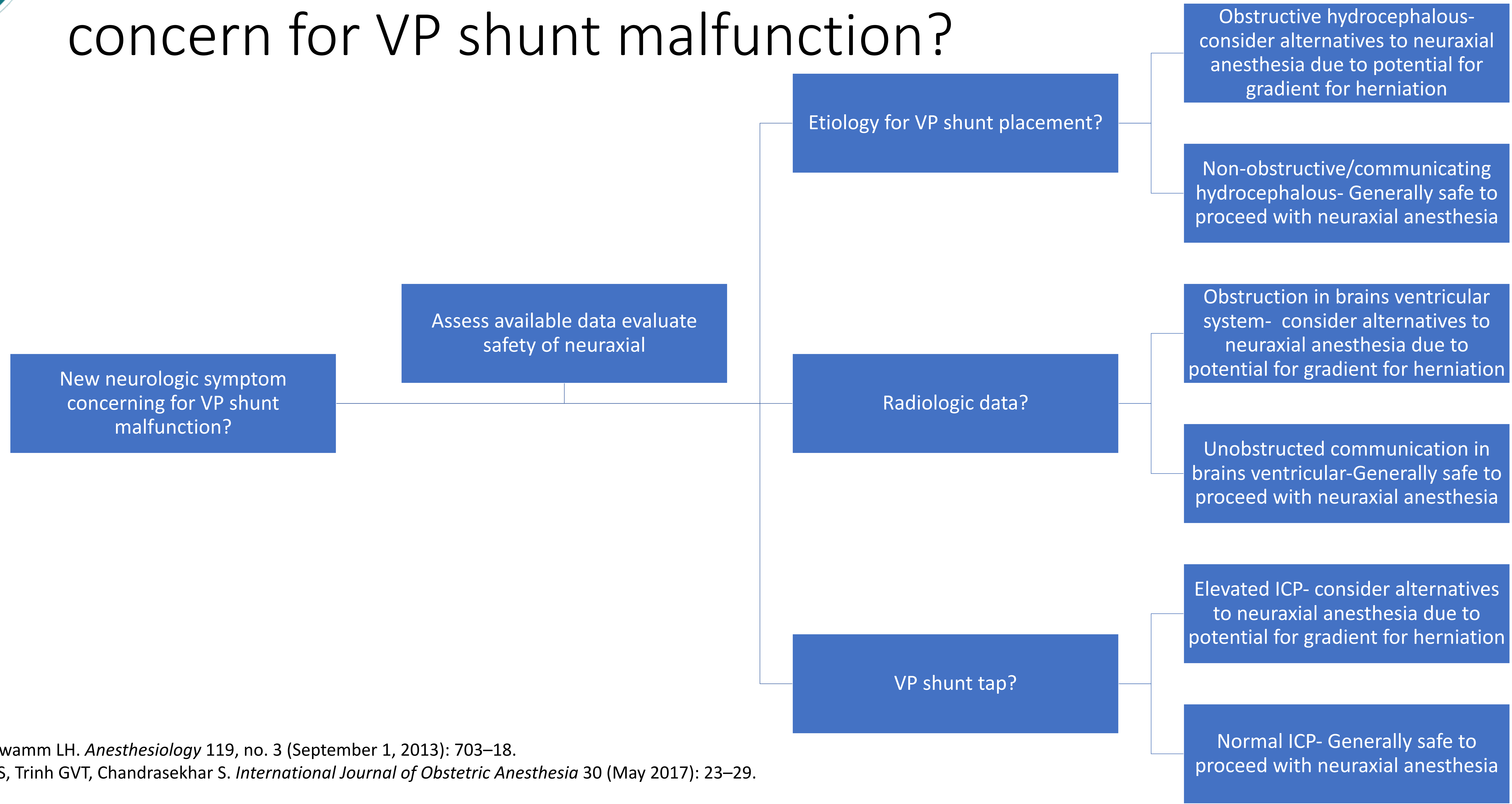
Timeline

- Patient ruled in for pre-eclampsia with severe features with gHTN and new headache with decision made for repeat cesarean delivery
- Concern raised for safety of neuraxial given interval dilation of ventricles
- VP shunt tap with opening pressure of 7cm of H₂O
- Neurology noted communication between ventricular system on CT
- Uncomplicated cesarean section under epidural anesthesia due to inability obtain spinal portion on CSE





Approach to assessing safety of neuraxial anesthesia with concern for VP shunt malfunction?



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2. Rajagopalan SS, Trinh GVT, Chandrasekhar S. *International Journal of Obstetric Anesthesia* 30 (May 2017): 23–29.