

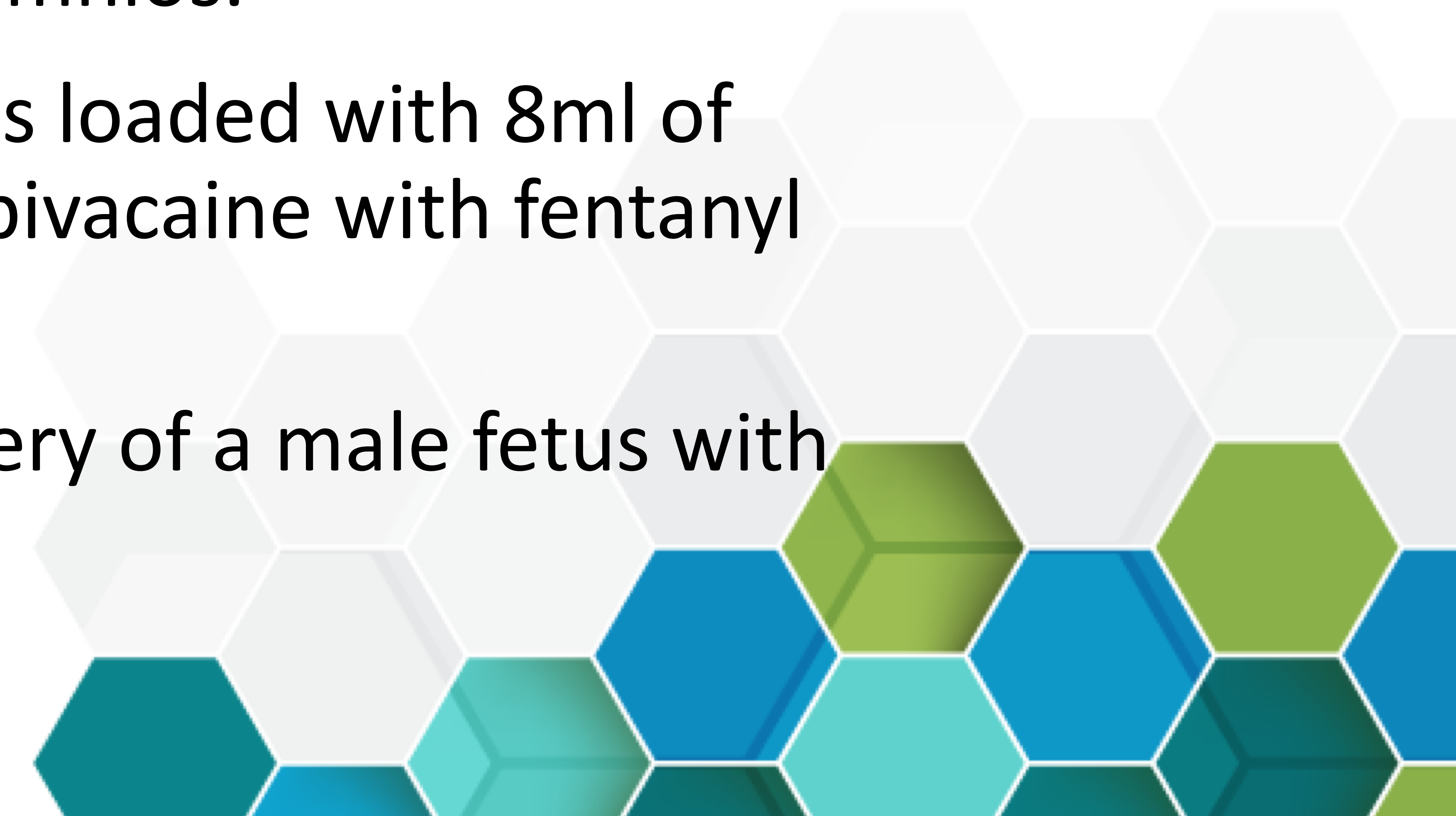
INTRODUCTION:

- Women with spinal cord lesions, including tumors, present specific challenges during pregnancy.
- Schwannomas are among the most common benign neurogenic tumors in the spinal canal and represent approximately 25% of intradural spinal tumors in adults.
- In pregnant patients, the diagnosis of spinal schwannomas may be delayed because the early symptoms are similar to the normal changes of pregnancy.
- Although many anesthesiologists consider spinal cord pathology to be a relative contraindication to neuraxial anesthesia, successful neuraxial blocks placement has been reported in such situations.
- A multidisciplinary approach is critical to provide safe anesthetic care for these patients.



THE CASE:

- 37 y/o P2 at 35 weeks presented to triage for anesthesia consult for history of a of L2/3 schwannoma diagnosed 1 year ago.
- She denied any lower extremity weakness or sensory loss.
- MRI showed a 3mm nodular structure on the posterior aspect of spinal canal at L2/L3 level, most likely benign a schwannoma.
- Neurologist recommended conservative management, possible epidural placement at L4/5 and follow up MRI.
- At 39+3 weeks, patient was admitted induction due to oligohydramnios.
- An epidural was inserted in the L4-L5 interspace. The epidural was loaded with 8ml of 0.25% bupivacaine and 100mcg of fentanyl and infusion 0.1% Bupivacaine with fentanyl 2mcgs/ml at 10 ml/hour was initiated.
- Patient had an uncomplicated, normal spontaneous vaginal delivery of a male fetus with APGARs of 8 & 9.



DISCUSSION:

- A thorough pre-operative assessment must be performed to assess the extent of symptoms and neurological deficits associated with a spinal cord tumor.
- It is imperative to include the patient in multidisciplinary discussions regarding their obstetric and anesthetic care.
- MRI imaging and input from a neurologist should be obtained when planning the anesthetic care .
- In this case, decision to proceed with epidural anesthesia rather than spinal or general anesthesia for delivery was to avoid potential problems with spinal anesthetic in this patient which include rapid sympathectomy with possibility of resultant spinal cord ischemia, unreliable sensory level and creating dural puncture in the presence of an intradural tumor.

