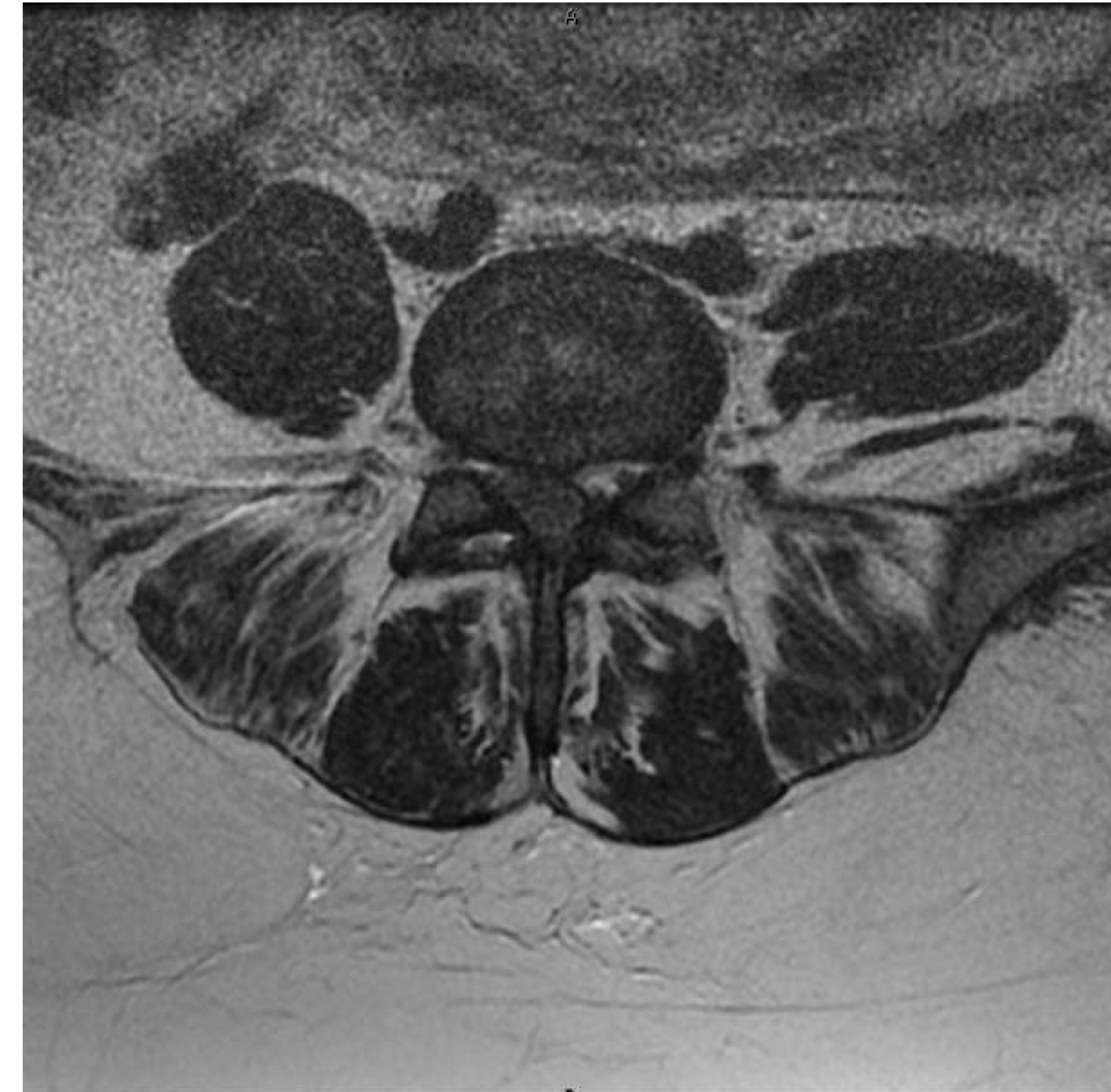


Anesthetic Management of an Urgent Cesarean Delivery in a Patient with a Recent History of Cauda Equina Syndrome: A Case Report

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Case Presentation

- 31-year-old G1P0 at 31w3d with PPROM, breech presentation
- **PMH:** class 3 obesity (BMI 50), HTN, asthma, and **cauda equina syndrome** at 25 weeks s/p L4-5 laminectomy and discectomy
- **Physical Exam:** MP II with >3 FB mouth opening; right foot drop; decreased sensation of lateral right lower extremity; partially healed midline lumbosacral incision
- **SVE:** fetal parts palpable in vagina → urgent cesarean section



Anesthetic Management

General anesthesia

- **Premedication:** citric acid-sodium citrate, famotidine, and metoclopramide
- **Induction:** RSI with propofol and high-dose rocuronium
- **Airway management:** video laryngoscopy
- **Maintenance:** propofol infusion
- EBL 1.5 L; received 1g TXA
- **Postoperative pain:** TAP blocks, hydromorphone

Postoperative Course

- Discharged POD 3; neurologic exam stable
- Continues to see physical therapy → improved urinary continence; stable reduced sensation and weakness in right lower extremity; intermittent low back pain



Lumbar incision the day of presentation

Discussion

- Neuraxial versus general anesthesia in setting of changing neurologic deficits and recent cauda equina/lumbar spine surgery
 - Not an absolute contraindication to neuraxial!

	Neuraxial	General
Risks and Considerations ^{1, 2}	<ul style="list-style-type: none">• Worsening deficits• Recency of surgery/unhealed incision• Difficulty in placement• Block failure	<ul style="list-style-type: none">• Airway management• Aspiration risk

- Importance of **shared decision making** with patient, obstetric team, and potentially neurosurgical or neurology team

References

1. Vercauteren M, Waets P, Pitkänen M, Förster J. (2011). Neuraxial techniques in patients with pre-existing back impairment or prior spine interventions: a topical review with special reference to obstetrics. *Acta Anaesthesiologica Scandinavica* 55(8): 910-917.

2. Hebl JR, Horlocker TT, Kopp SL, Schroeder DR. (2010). Neuraxial blockade in patients with preexisting spinal stenosis, lumbar disc disease, or prior spine surgery. *Anesthesia & Analgesia* 111(6): 1511-1519.