Tuberous Sclerosis Complex (TSC) and Candidacy for Neuraxial Anesthesia in Parturients

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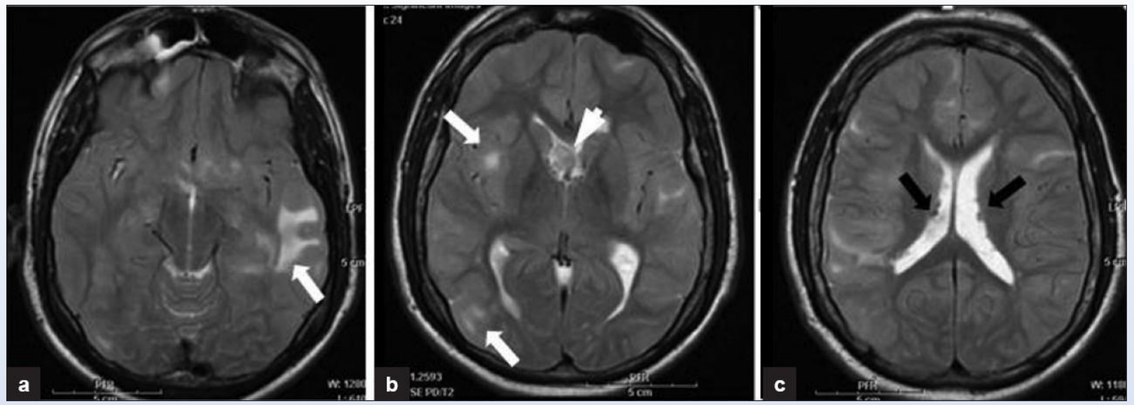

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- Rare genetic condition with development of multiorgan hamartomas
- Most commonly brain, kidney, and cutaneous lesions
- No standardized guidelines for neuraxial management due to disease rarity

Case Presentation

- 19 y/o G1P0 with known TSC c/b focal onset epilepsy on Levetiracetam presenting for spontaneous labor
- Last seizure three weeks prior to presentation due to medication noncompliance
- No recent intracranial imaging or pre op consultation
  - MRI Brain (2019) – notable for multiple areas of subcortical white matter hyperintensity, questionable subependymal nodules
- Recommended alternative labor analgesia and GETA if cesarean delivery was indicated

Discussion

- Parturients with known intracranial lesions require careful consideration regarding the safety of neuraxial anesthesia
  - Considerations: brain stem herniation, disturbance of existing lesions
- Evaluate recent imaging, stability of symptoms and respiratory tract involvement when establishing risk
- Recommend early multi-disciplinary consultation to optimize patients with known intracranial pathologies

References:
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