

Combined spinal epidural anesthesia for cesarean delivery in the setting of T12-L1 conus intramedullary cystic lesion

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Background:

- Effective spinal analgesia depends upon multiple factors, a critical component being the spread of drug through the CSF in the spinal cord and cauda equina.
- Spinal cysts represent a possible physical barrier to successful spinal and epidural anesthesia.
- A recent case report details effective spinal anesthesia for elective repeat cesarean in a patient with a sacral CSF containing perineural cyst. ¹

1. Pfund, N., Oh, A., Cyna, A. Successful spinal anesthesia in a patient with a Tarlov cyst. *Int J Obstet Anesth*. 2018 May;34:96-98. doi: 10.1016/j.ijoa.2017.10.004.

2. Eun NL, Ahn SJ, Chung TS, Cho YE, Kim KS, Kuh SU, Suh SH. Intramedullary Spinal Lesions Involving the Conus Medullaris: MR Imaging Features for Differential Diagnosis. *J Korean Soc Magn Reson Med*. 2014, 18(2): 144-150.

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Case Events:

- 50yo G8P5025 at 36+1 wga with pregnancy complicated by IVF, preeclampsia, SLE, Sjogren's syndrome, gestational diabetes, AMA, and polyhydramnios.
- Presented to high-risk clinic with diagnosis of non-enhancing 2.0 cm x 1.1 cm intramedullary cystic lesion from T12 – L1 in the L dorsal aspect of spinal cord.
- She was denied neuraxial anesthesia in prior pregnancy due to this lesion.
- Following neurosurgery consultation, we performed a safe and effective combined spinal epidural for her repeat cesarean.



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Learning Points:

- The differential diagnosis of intramedullary cystic lesions is broad. ²
- Despite presenting a potential physical barrier to medication spread, patients with this lesion can receive successful and safe CSE.
- Using a thoughtful, multidisciplinary approach we provided safe and efficacious anesthesia for this patient with a conus intramedullary cystic lesion.

1. Pfund, N., Oh, A., Cyna, A. Successful spinal anesthesia in a patient with a Tarlov cyst. *Int J Obstet Anesth*. 2018 May;34:96-98. doi: 10.1016/j.ijoa.2017.10.004.

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