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“CRACK DANCING” IN LABOR & DELIVERY

Mariam Ibrahim, MD, Matthew Sikora, DO, Marcos Izquierdo, MD.

Obstetric Anesthesiology, Department of Anesthesiology, MetroHealth Medical Center,
Cleveland, OH

INTRODUCTION

- Chronic cocaine users can develop cocaine induced choreoathetoid movements or “crack dancing”.
- These movements effect the limbs, neck, and orolingual region.
- This is a rare diagnosis of exclusion on the spectrum of cocaine induced disorders
- In pregnancy, these movements can complicate neuraxial placement and patient positioning for a cesarean section.
- Premedication should be considered to subdue choreiform movements prior to neuraxial.



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CASE

The Patient:

- 41 y/o G6P3 at 37w presented to L&D for an elective c-section, hx of c-section x1, VBAC x2
- PMHx: HTN, Bipolar, long term cocaine use (quit 25w GA), with choreiform movements for 5 yrs
- PE: Severe chorea of her trunk, upper extremities bilaterally, motor impersistence. Stable gait.
- Lab & imaging: unremarkable metabolic work up. Pending genetic testing.

Labor Course:

Spinal for section → successful placement despite movements → however pt with continued upper body movements which concerned OB to proceed with section → US in OR indicated fetal lie was now vertex → pt no longer consented to c-section and desired TOLAC → an epidural was placed for labor → Epidural dosed after the spinal subsided → she received IV Benadryl 25mg at 5:30PM for pruritis → At 7:00PM fetal distress noted (Cat 2 tracing with decels) → Team moved to c-section and epidural was bolused → section proceeded uneventfully and pt's choreiform movements were suppressed

DISCUSSION

Maternal Cocaine Use and Pregnancy:

- Maternal Complications: HTN crisis, HA, seizures, premature labor, and placental abruption
- Fetal Complications: IUGR, low birth weight, stillbirth, SIDS, and neonatal abstinence syndrome

Management of Choreiform Movements During Pregnancy:

- Address underlying cause
- Consult Neurology

Patient Management

- Benadryl: effective in the treatment of extrapyramidal symptoms secondary to anti-psychotic use

The Possible Role of Dexmedetomidine

- Muscle Relaxation
- Additional Benefits

References:

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