

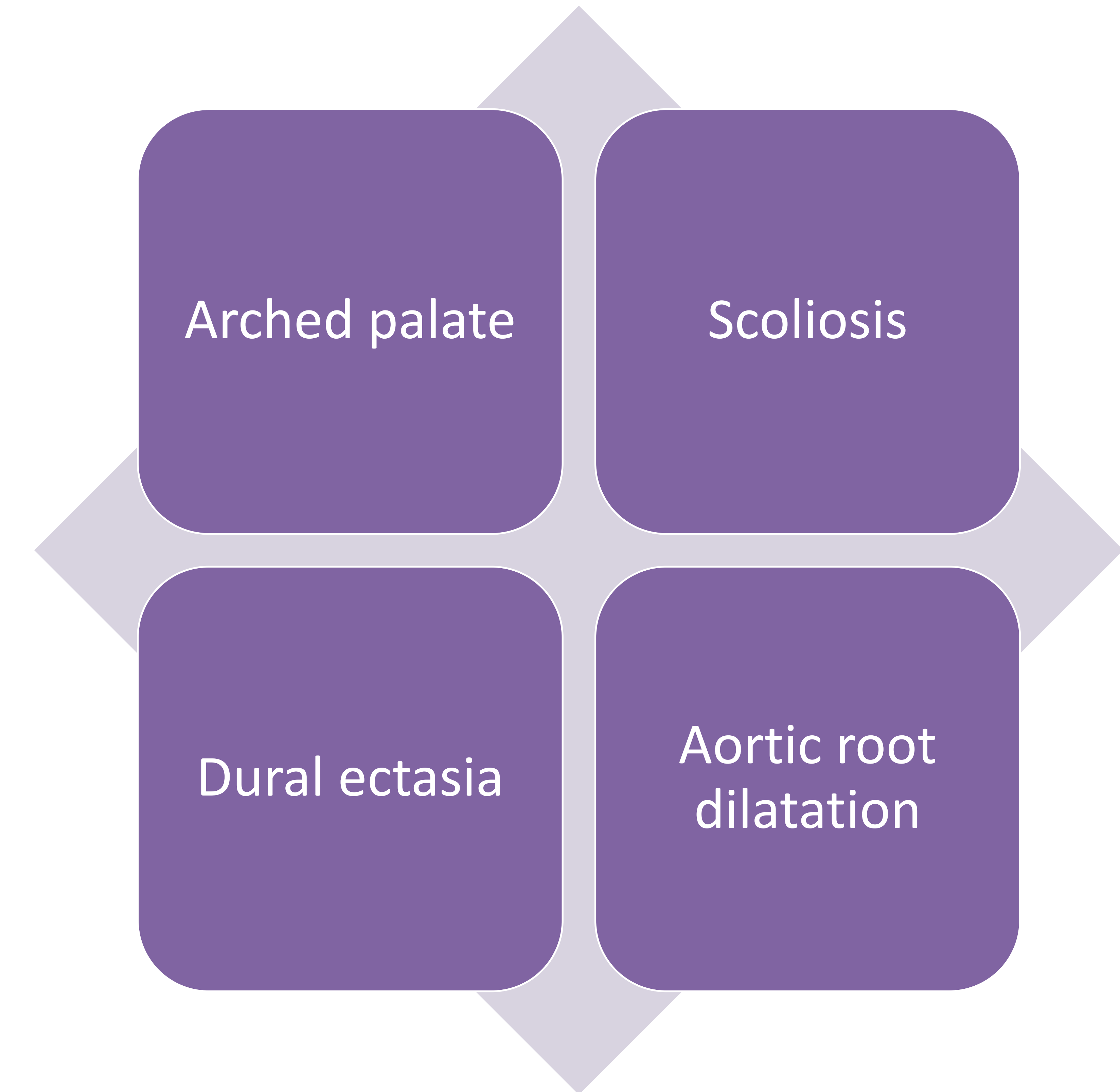
Anesthetic Considerations in a Parturient with Marfan Syndrome, Thoracic Aorta Dilatation, and Significant Lumbar Dural Ectasias

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Background

- Aortic dilatation
 - High risk of dissection if $> 4.0-4.5\text{cm}$
- Dural ectasias
 - Occur in 63-92% of Marfan syndrome
 - Higher rates of unsuccessful neuraxial
- **Patient History**
 - 39-year-old G3P00020
 - 41 mm aortic root dilatation
 - History of spontaneous dural tear at 25-years-old



Case Presentation

26w5d EGA: Patient seen in clinic, plan for assisted vaginal delivery

Repeat MRI showing complete thecal sac effacement at L4-L5 and L5-S1

Change of plan: Cesarean delivery under general anesthesia

38w4d EGA: Presented in active labor at 6cm dilation

Rapidly progressed to complete, delivered vaginally in OR with esmolol for BP control

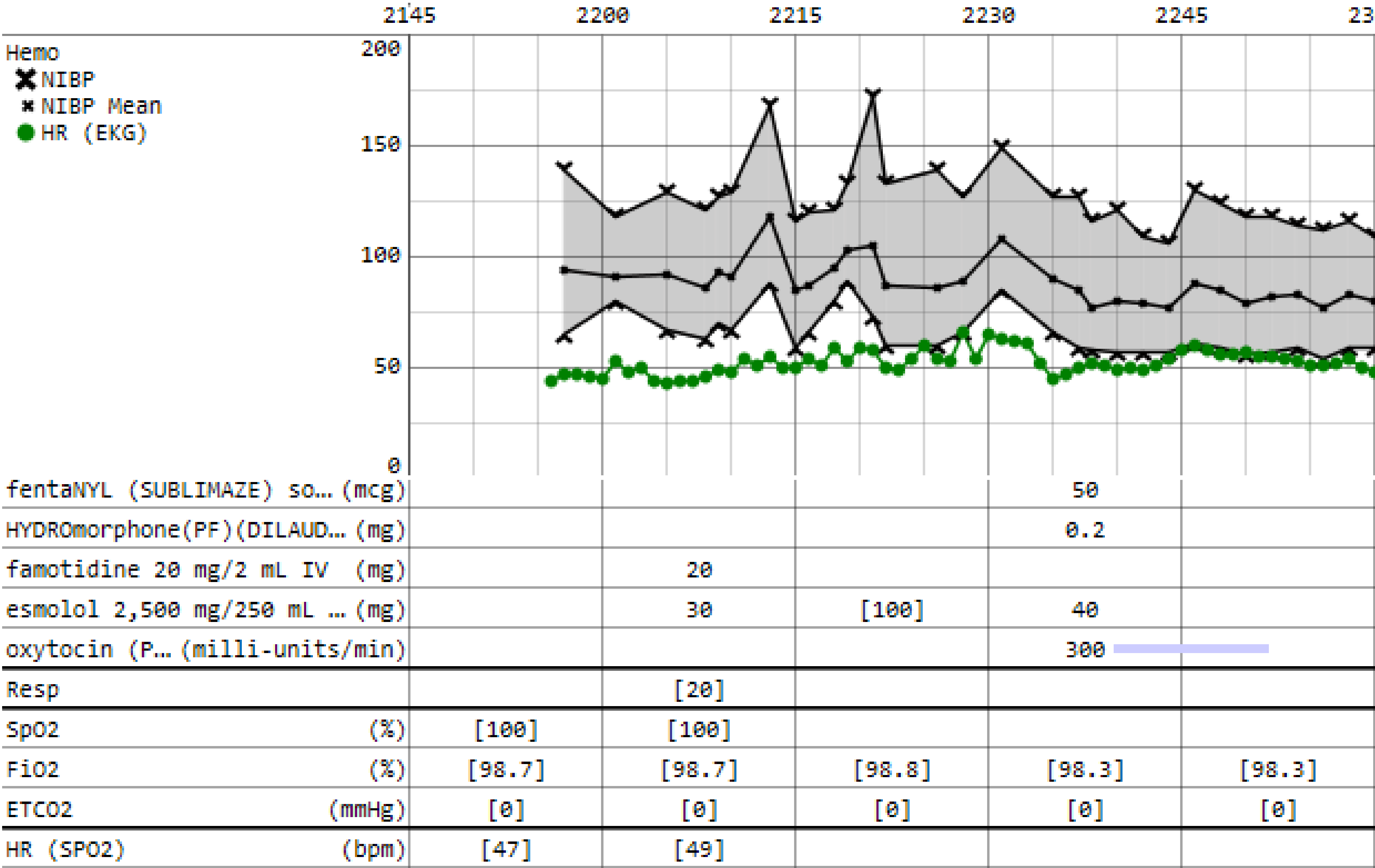


Figure 1: Anesthesia record of OR vaginal delivery

Discussion

- Marfan syndrome patients present with unique anesthetic and obstetric considerations
- Benefits of neuraxial to allow for safer delivery needs to be weighed against risk of dural ectasia related complications
- Plan needs to be adjusted based on changing clinical circumstances

References:

- (1)Rahman, J. (2003). *The Journal of reproductive medicine*, 48(9), 723-728.
- (2)Pepe, F. (2017). *Case Reports in Obstetrics and Gynecology*, 2017.
- (3)Lacassie, H. J. (2005). *British Journal of Anaesthesia*, 94(4), 500-504.

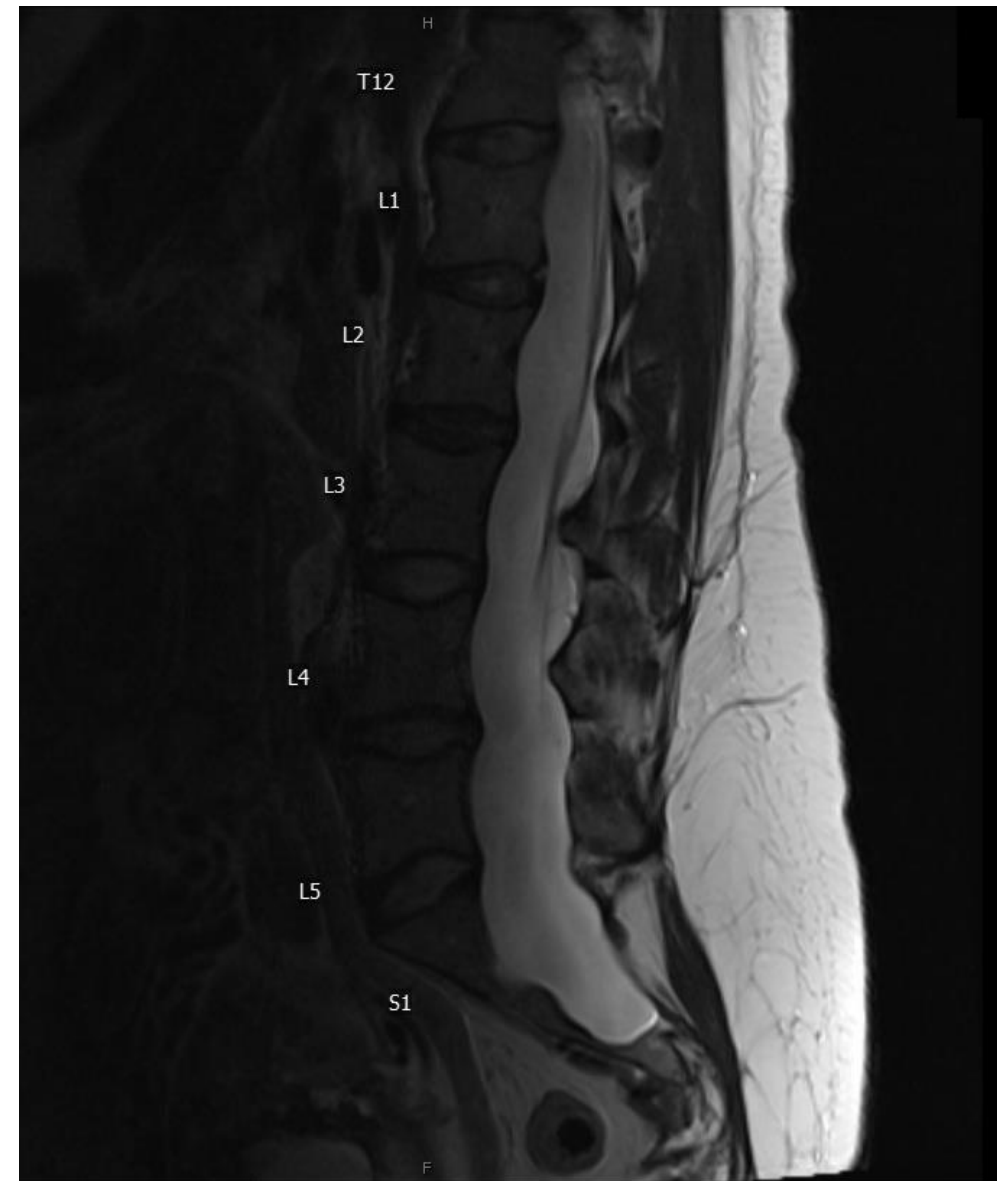


Figure 2: Sagittal Lumbar/Pelvic MRI of Dural Ectasias