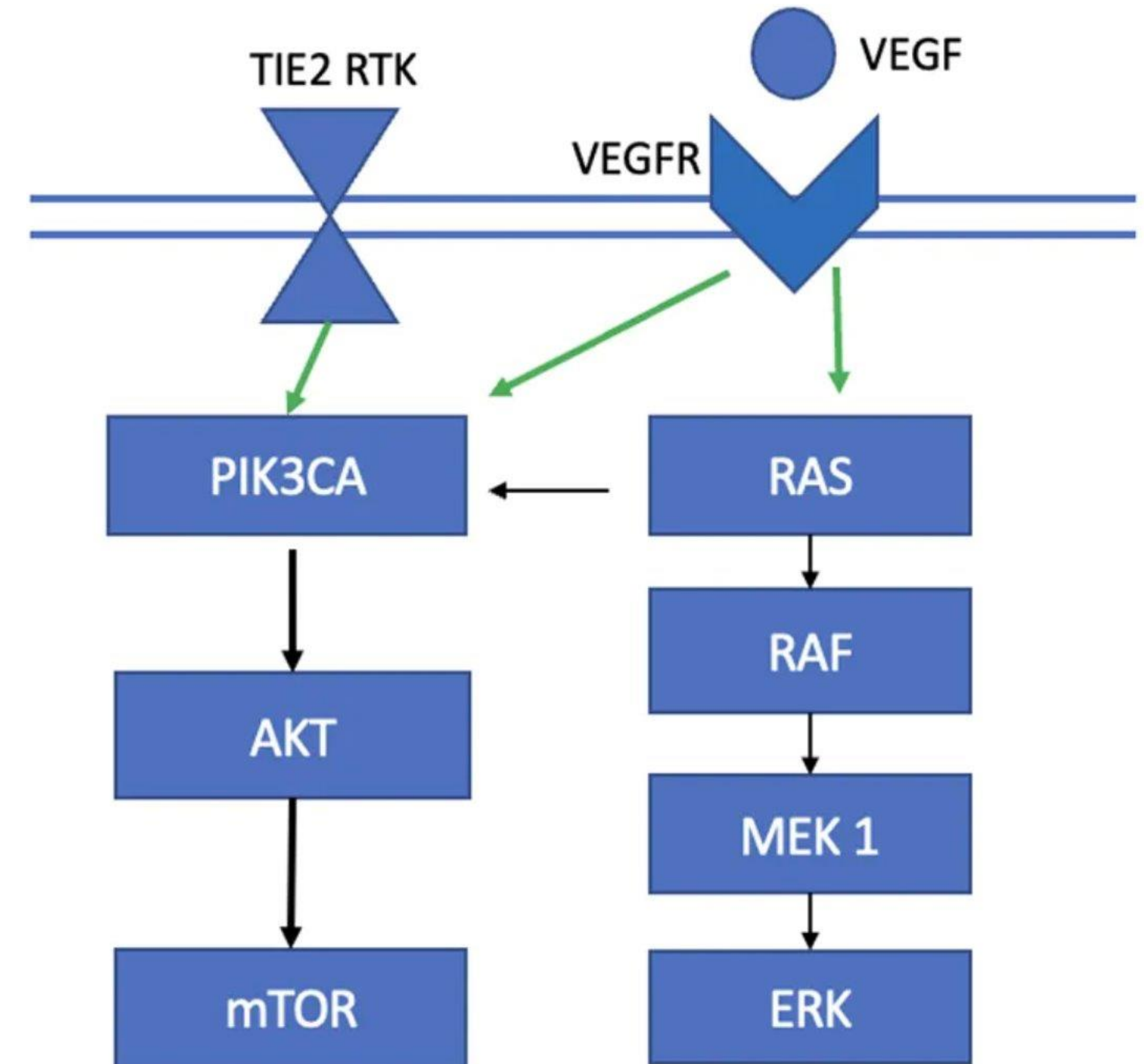


Navigating a High-Risk Airway in an Obstetric Patient: A Case of Venolymphatic Malformation

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Background:

- **PIK3CA-positive venolymphatic malformation:**
 - Congenital low-flow vascular anomalies
 - Increase venous stasis
 - Distort airway anatomy
- **Pregnancy influences progression and clinical management**
 - Increased circulating blood volume → growth
 - High-risk for rupture
- **Risk reduction is paramount**
 - Failed airway intervention can be life-threatening
 - Avoid emergent GETA



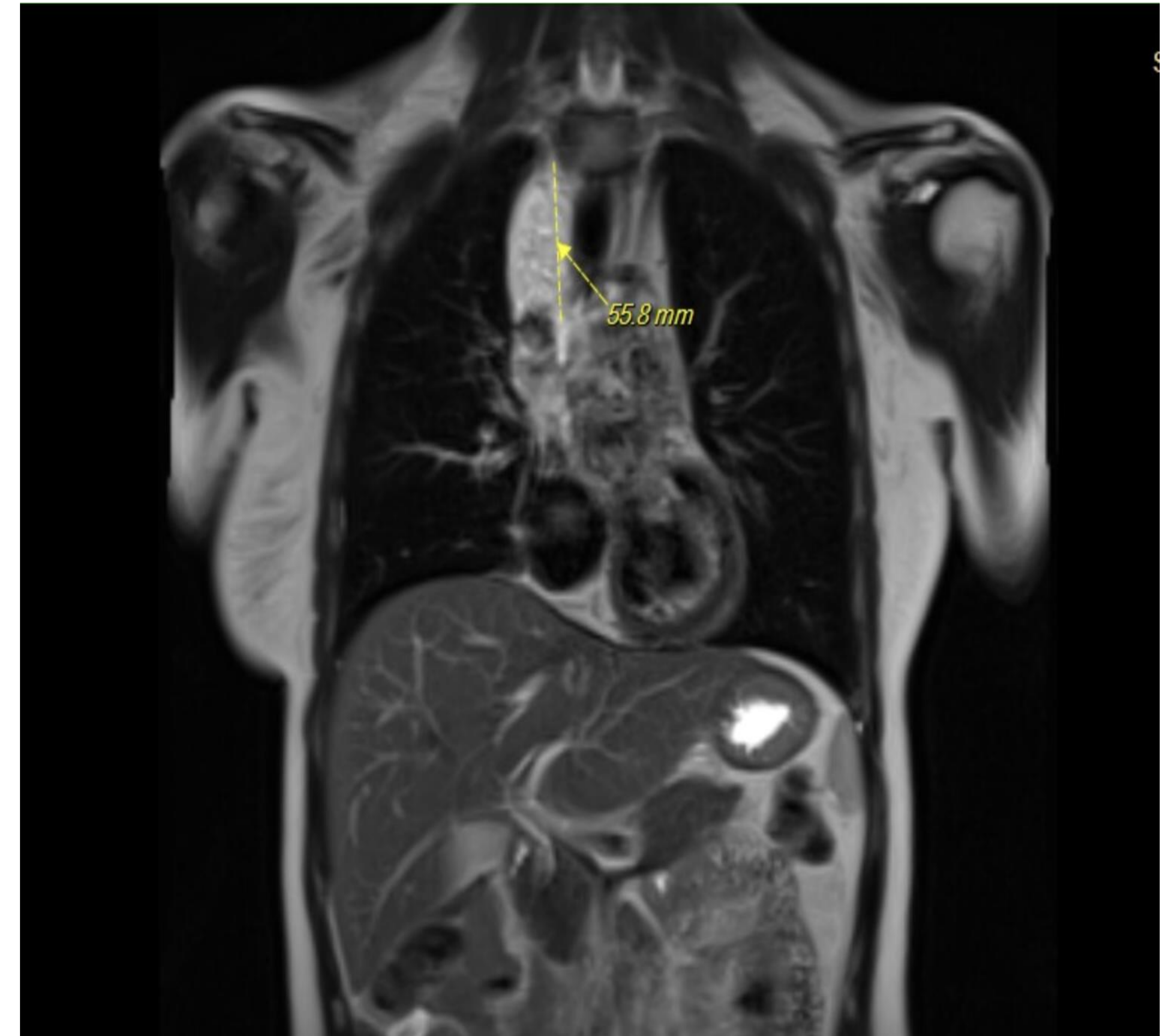
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Proliferation, growth,
differentiation, angiogenesis

PIK3CA-positive Venolymphatic Malformation

- 22-year-old G1P0 at 38w6d IOL
- Airway & mediastinal lesion
- PSH: supraglottic resection, prior tracheostomy, airway debulking with sclerotherapy
- Rx Alpelisib: P13K inhibitor
 - Limit venolymphatic progression
 - Discontinued in pregnancy
- Multidisciplinary planning
 - RSI deemed unsafe per ENT
 - Awake intubation for GETA if needed
 - Supraglottic airway as backup
- Early epidural → NSVD



Right paratracheal mediastinal mass, extension into the R neck and supraclavicular region

Take Home Lessons

- Airway vascular malformations pose significant risk in parturients
- ↑ size due to physiologic changes of pregnancy
- Pharmacologic therapies discontinued due to teratogenicity concerns
- Multidisciplinary planning to optimize maternal and fetal outcomes
- Anticipate difficult airway
- Avoid airway manipulation
- Avoid emergent interventions

