Obstetric Anesthesia Without Neuraxial: Management of Rare Platelet Disorders

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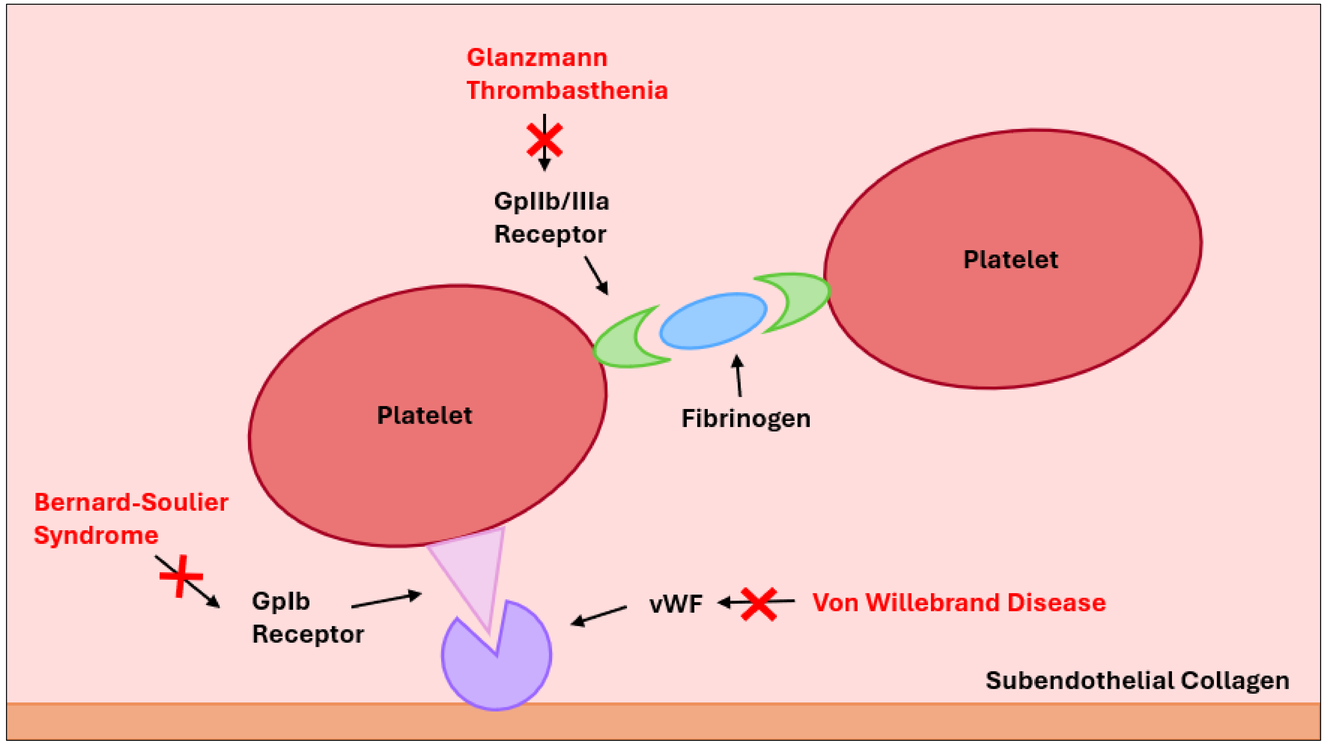
Platelet Disorders

- **Glanzman Thromboasthenia** (GT)
  - αIIbβ3 (GPIIb/IIIa) defect → aggregation defect
- **Bernard-Soulier syndrome** (BSS)
  - GPIb-IX-V defect + macrothrombocytopenia → adhesion defect
- Shared phenotype
  - Severe mucocutaneous/procedural bleeding → neuraxial anesthesia contraindicated



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GT & BSS: Case Presentations

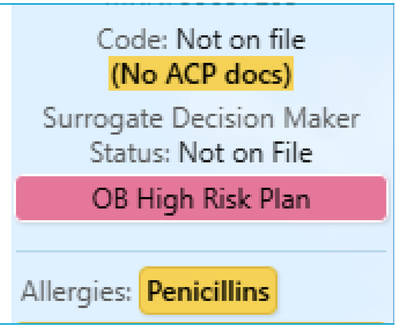
- 36 yo G1P0 at 35w0d with GT induced for severe preeclampsia
  - Weekly IVIG at 22-23 weeks gestation
- Fibrinogen monitored q6h
  - Target > 200mg/dL
- Pain Management plan:
  - Butorphanol, nitrous, fentanyl PRN
- Hemorrhage + Uterotonic plan:
  - Oxytocin, TXA, and rFVIIa at delivery f/b q2-3h x3 doses after cord clamping
- Delivery:
  - SVD in OR, 1st deg lac, QBL 454 mL
  - Received 1u RBCs + above

- 32 yo G2P0A1 at 39w1d with BSS presented with SROM
- Hemorrhage + Uterotonic plan:
  - Oxytocin, prophylactic HLA-matched platelets at delivery, TXA after cord clamping
  - If persistent hemorrhage, rFVIIa
- Delivery:
  - Emergency CD for NRFHT under GA
  - Prophylactic HLA-matched platelets given immediately in OR, TXA at cord clamping c/b methylergonovine for ongoing atony
  - Received 4u platelets, QBL 1147 mL
- Continued on TXA postpartum

Discussion

Multidisciplinary planning (hematology, MFM, OB anesthesia, L&D) to coordinate care and hemorrhage planning

Management tailored to specific platelet defect, communicated via **OB High Risk Plan** in Epic



Pediatric hematology should be involved early for **neonatal planning**