

Anesthetic Management of a Parturient with Ebstein Anomaly and Tethered Cord Syndrome: A Case Report

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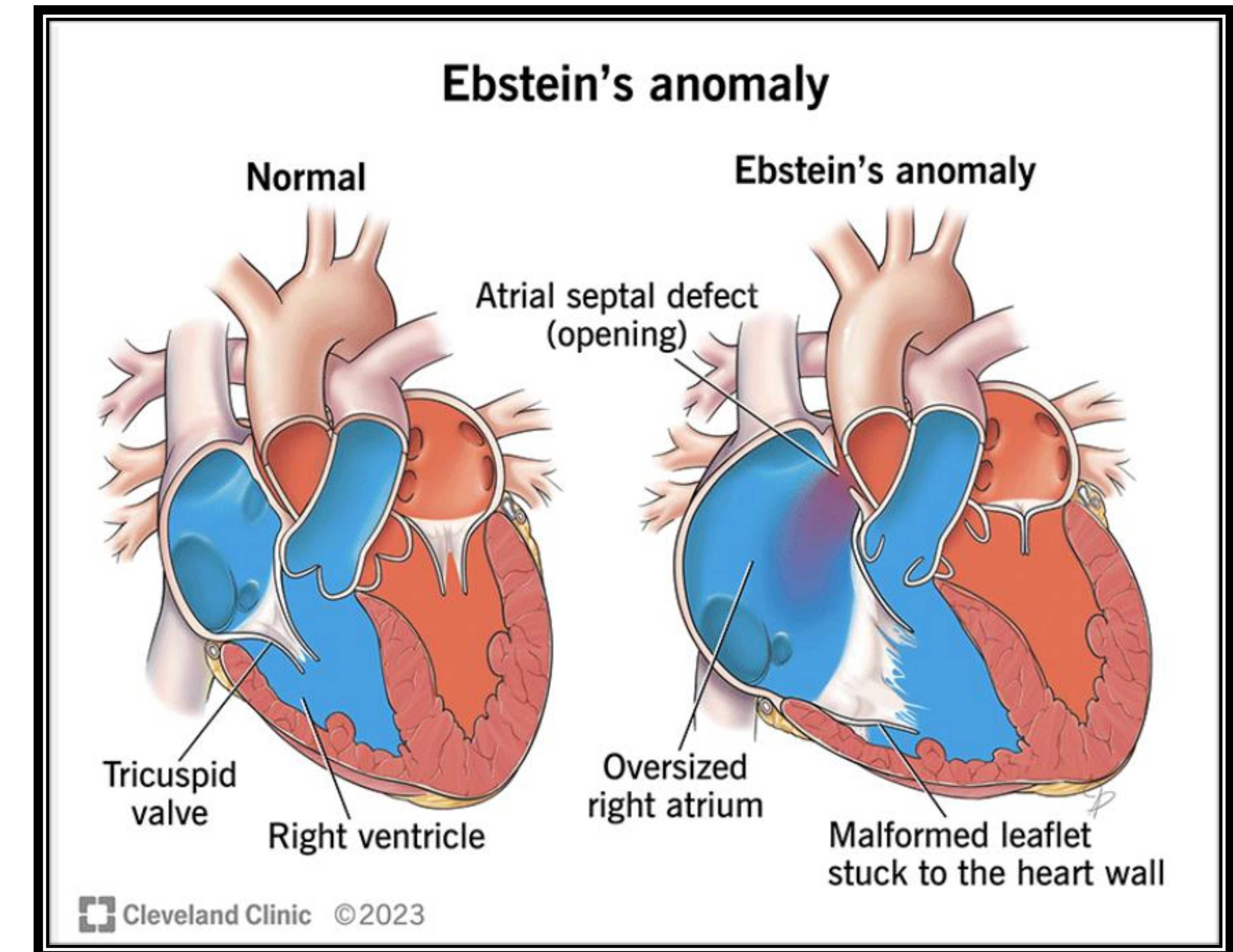
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BACKGROUND

- **Ebstein anomaly** – a rare congenital malformation resulting in apical displacement of the *tricuspid valve*
 - Results in a poorly contractile right ventricle, enlarged right atrium, and tricuspid regurgitation
 - Can lead to right heart failure and cardiac arrhythmias (e.g. WPW syndrome)
- **Tethered cord syndrome** – abnormal tissue attachment to spinal cord
 - Often associated with spina bifida



References

1. What is Ebstein's anomaly? Cleveland Clinic. January 27, 2026.
2. Doi M, Sakurai Y, Sakamaki D, Tanaka S, Katori N, Uezono S. Ultrasonographic images of Spina Bifida before obstetric anesthesia: A case series. *BMC Anesthesiology*. 2023;23(1). doi:10.1186/s12871-023-02101-4

CASE

30 YO G1P0000 @ 23w1d presented with PPROM and acute heart failure exacerbation

PMH: Ebstein anomaly, dextrocardia, WPW syndrome, spina bifida occulta with tethered cord syndrome, hepatic cirrhosis, bicornuate uterus

PSH: 3 open-heart surgeries and tricuspid valve replacement x2, dual-chamber pacemaker/ICD placement (DDI mode)

Treated for HF
exacerbation
with diuresis

Multidisciplinary
meeting

C-section for concern for Triple I
Pre-induction arterial line and 2 large-bore
PIVs
Sterile magnet placed over abdominal
pacemaker
Arrhythmias not requiring treatment
Vasopressor with phenylephrine
Bilateral TAP blocks placed

Discharged
home on oral
diuretics

Workup

POD1

Admission

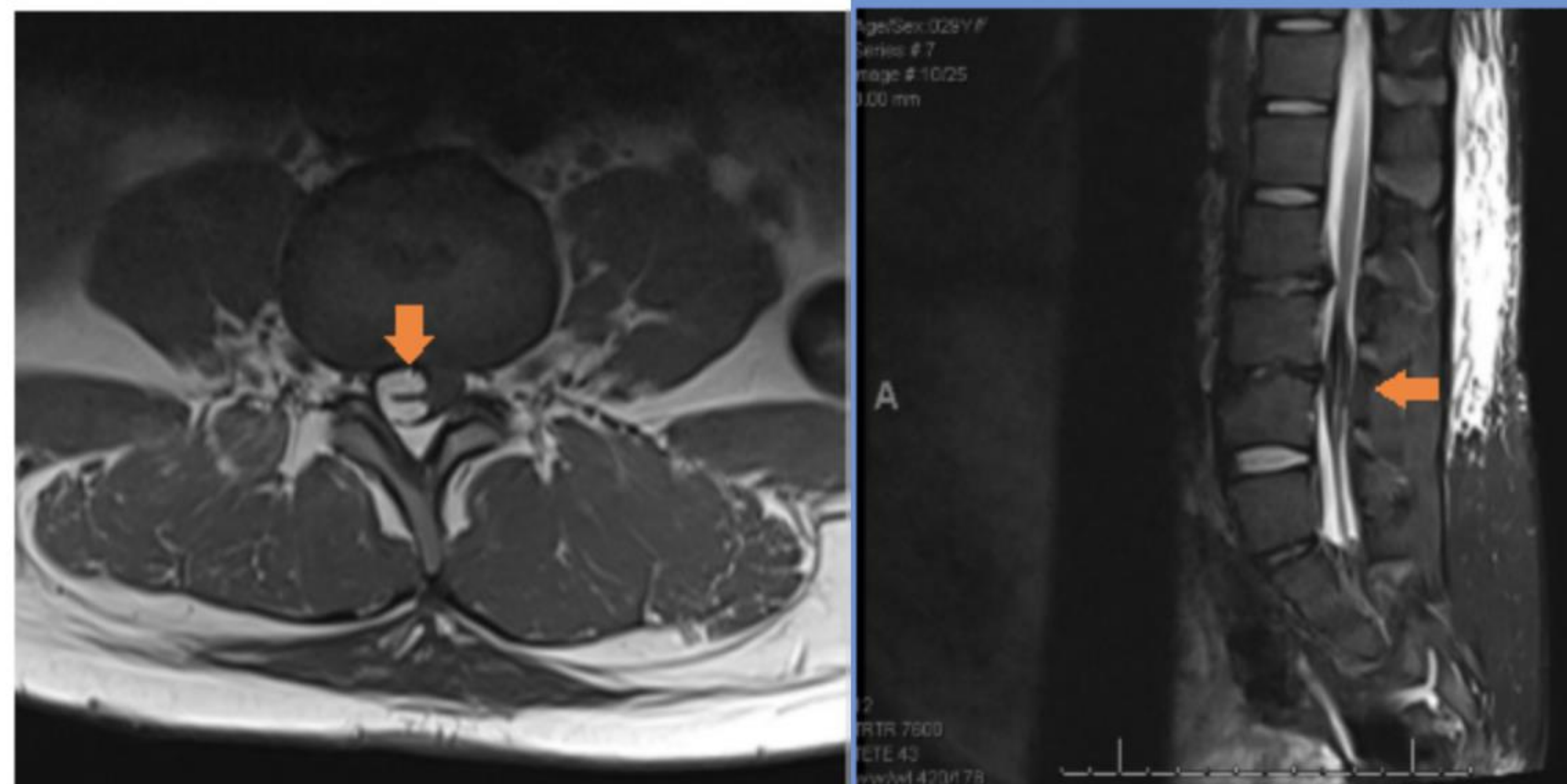
Hospital Day 69
(32w6d)

POD6

Fetal ultrasound showed breech
presentation
TTE revealed severely dilated RA, dilated
IVC with hepatic vein flow reversal
suggesting elevated right atrial pressures.
Normal LV size and function. Bubble study
(-)
MRI lumbar spine showed a tethered cord
terminating in an intradural lipoma at L4-
L5, with thickened filum extending
inferiorly

Continued
diuresis

Minimal pain
requirements



Patient's Lumbar MRI showing intradural lipoma (orange arrow) which is where the tethered cord terminates.

DISCUSSION

- ❖ Physiologic effects of pregnancy on cardiac function
- ❖ General vs neuraxial anesthesia in high-risk cardiac patients
- ❖ Neuraxial in parturient with spinal dysraphism
 - Imaging-guided epidural
- ❖ Importance of multidisciplinary preoperative planning
- ❖ Appropriate monitors and contingency plans
 - E.g. availability of procainamide

References

1. Murphy CJ, Stanley E, Kavanagh E, Lenane PE, McCaul CL. Spinal dysraphisms in the parturient: implications for perioperative anaesthetic care and labour analgesia. *Int J Obstet Anesth.* 2015;24(3):252–63. <https://doi.org/10.1016/j.ijoa.2015.04.002>
2. Doi M, Sakurai Y, Sakamaki D, Tanaka S, Katori N, Uezono S. Ultrasonographic images of Spina Bifida before obstetric anesthesia: A case series. *BMC Anesthesiology.* 2023;23(1). doi:10.1186/s12871-023-02101-4
3. Alter, A, Burnett, G, Ferrara, L. et al. Pregnancy in a patient with Ebstein's Anomaly and Severe Tricuspid Stenosis: High Risk, High Reward. *JACC.* 2022 Mar, 79 (9_Supplement) 2227. [https://doi.org/10.1016/S0735-1097\(22\)03218-1](https://doi.org/10.1016/S0735-1097(22)03218-1)