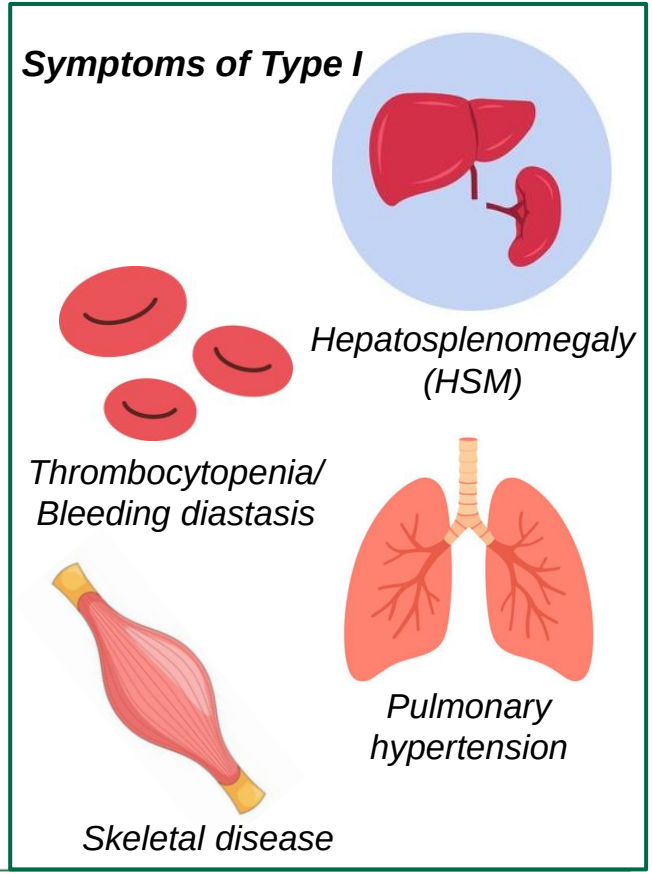
Gaucher Disease in Pregnancy: Anesthetic and Peripartum Considerations in a High-Risk Parturient

	Type I	Type II	Type III
Prevalence	**92%**	1%	7%
Age of onset	Childhood to adult	First months	Childhood
Symptoms	*See figure*	Acute neuronopathic	Subacute or chronic neuronopathic
Treatment	Enzyme replacement therapy (ERT) Substrate reduction therapy *No consensus guidelines for therapy during pregnancy*		
Pregnancy	Associated with increased risk of **post-partum hemorrhage** and **infection**		



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Case

- 36yo G2P1 with type 1 GD on ERT seen in obstetric anesthesia consultation clinic at 33 weeks
  - Obtain platelet count within 6 hours of neuraxial
  - Experienced provider placement
  - Continue ERT

	Result
TTE	No abnormalities
Prenatal US	Maternal HSM
Remarkable admission labs	Mild anemia (11 g/dL)
Patient outcome	**Uncomplicated** vaginal delivery without hemorrhagic or other complications

Gaucher's Disease – Teaching Points

Prenatal	Peripartum	Post-partum

• **US** to assess for HSM
• **Labs**
  • CBC
  • Coagulation studies
  • Ca and Vitamin D
• **TTE** to evaluate for pulmonary HTN
• Continue ERT
	• **Platelet count**
	• **Coagulation studies** prior to epidural
	
	Hemorrhage risk
	• 28% risk for SVD, even higher risk for C-section
	• Risk elevated even if platelets are normal
		• Increased risk of infection
		  • Impaired neutrophil function