



Cesarean Delivery in a Parturient with Refractory Epilepsy and Neurosyphilis

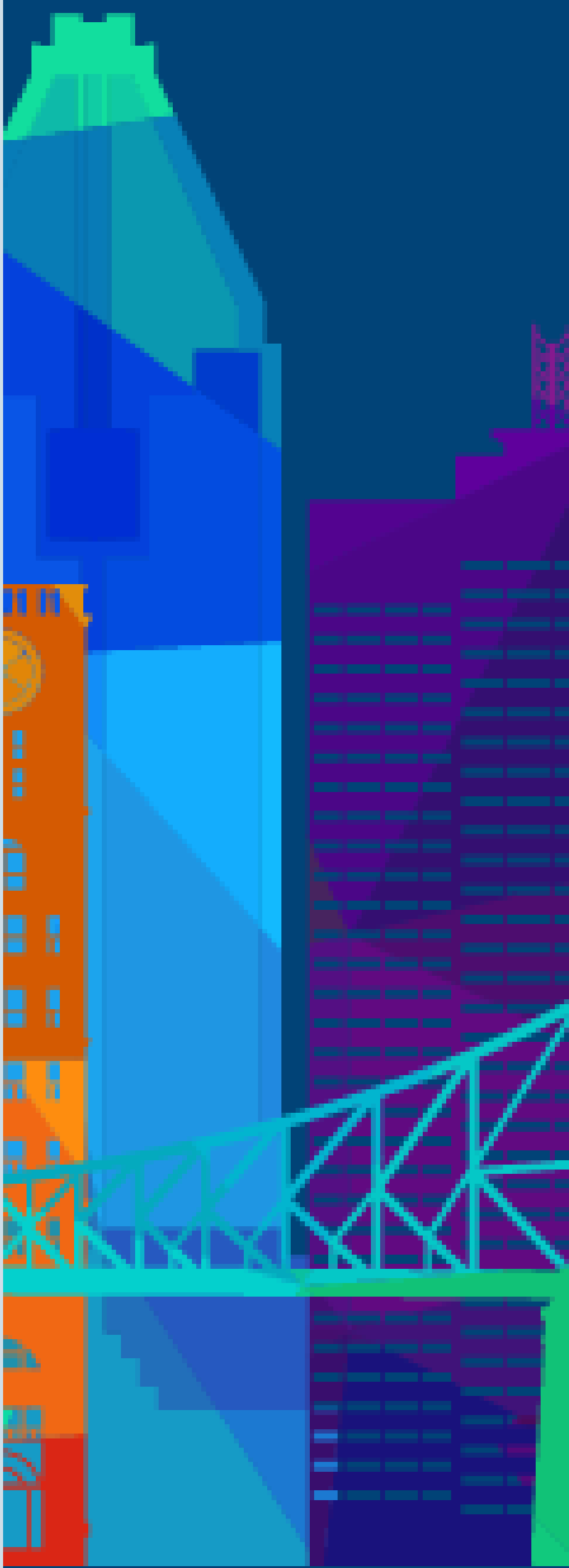
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Mohammad Nawaz, M.D., Bryan Mahoney, M.D.

BACKGROUND

- Parturients with neurologic disease and impaired capacity present challenges.
- Patients with neurosyphilis present issues with the use of neuraxial anesthesia:
 - neurologic deterioration
 - further dissemination of the disease
 - difficulty identifying new neurologic deficits.
- We present a case in which mentation and cooperation also pose a challenge.





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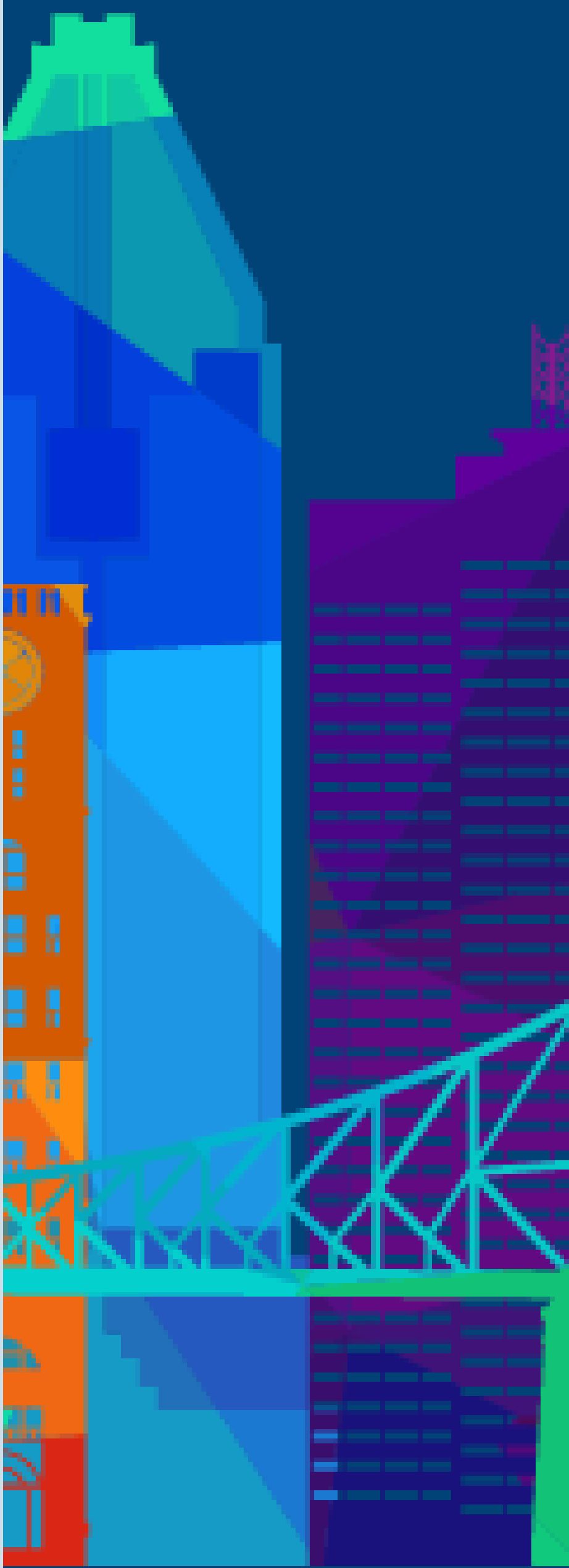


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CASE DESCRIPTION

- **A 33-y/o G2P1001 @ 35 w**, limited prenatal care admitted for delivery planning.
- **PMH:** Right temporal lobe tumor resection, **refractory epilepsy**, A&O x 0-2.
Borderline intellectual d/a, major depressive and anxiety d/o w/ suicidality
Late latent syphilis and active neurosyphilis. Recent neuro-ICU admission for status epilepticus necessitating intubation (likely due to missed medication).
Jehovah's witness with refusal of allogeneic blood products.
- Multidisciplinary plan (MFM, neurology, ID, ethics, bloodless medicine, anesthesia) Cesarean delivery was planned @ 36 + 6 weeks. Preoperative antiepileptics, anxiolysis, followed by RSI f/b maintenance volatile -> TIVA.
- Uncomplicated CD, Apgar scores 8 and 8. Long-acting IV opioid intraoperatively f/b bilateral TAP blocks for postoperative analgesia.





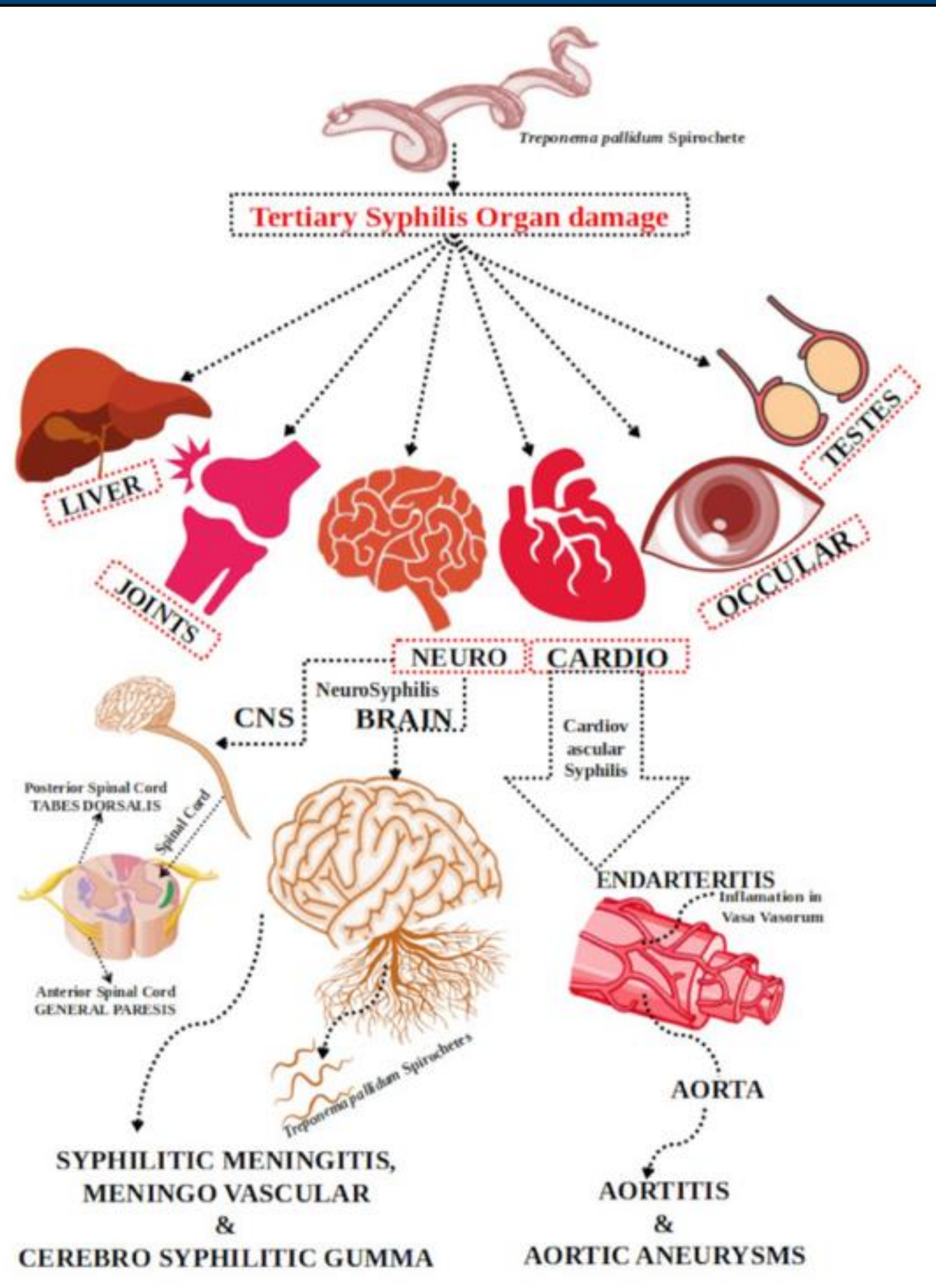
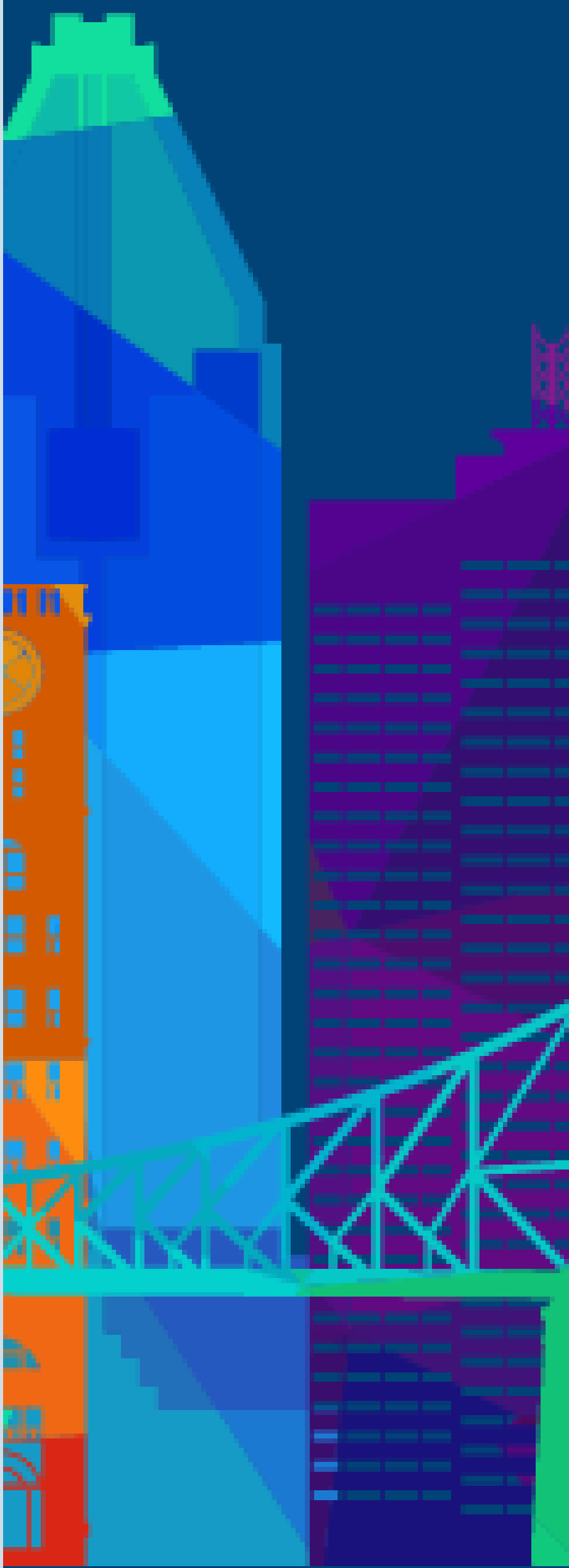
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DISCUSSION



- Neurosyphilis is not an absolute contraindication, but a safe awake neuraxial anesthetic requires patient cooperation.
- Active CNS infection raises theoretical risks of pathogen spread, exacerbation of neurologic injury, and difficulty attributing postoperative changes to anesthetic versus disease progression.
- Some literature supports NA in treated or asymptomatic neurosyphilis, but limited guidance in active disease and impaired capacity.
- Multidisciplinary coordination and ethical consultation are critical in optimizing outcomes for medically and socially complex parturients.

