

Anesthetic Management of a Parturient with May-Hegglin Anomaly

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Background

- May-Hegglin Anomaly (MHA) is an inherited macrothrombocytopenia caused by an autosomal dominant mutation in the MYH9 gene.
- This provides a challenge during the peripartum period due to increased risk of bleeding and hematoma formation with neuraxial anesthesia.

The Case

35-year-old G1P0010 female with May-Hegglin anomaly (MHA) presenting at 39 weeks gestation for scheduled cesarean delivery (C/S) under general anesthesia (GA).

- **Hematology consult preop**
 - Avoidance of NXA given plt count, possible dysfunction, and genetic variant
 - 1g TXA prior to delivery and q8h during admission
 - Transfuse plts for any evidence of excessive bleeding regardless of plt count
- **Anesthetic management**
 - C/S under GA
 - Induction complicated by difficult airway requiring 2 attempts
 - 2 PIV
 - 2u plts available in the OR, but no transfusion necessary
 - EBL 800
 - TAP block and PCA postoperatively

Teaching Points

- MHA is an inherited macrothrombocytopenia caused by an autosomal dominant mutation in the MYH9 gene presenting with bruising, gum bleeding, epistaxis, and menorrhagia.
- Patients with MHA traditionally deliver via C/S under GA
- Most deliveries in women with MHA proceed without severe bleeding complications regardless of delivery mode ¹
- There are case reports documenting successful vaginal deliveries and neuraxial anesthesia without complication ^{2,3,4,5}
- TXA often used as surgical prophylaxis to help strengthen clot formation

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