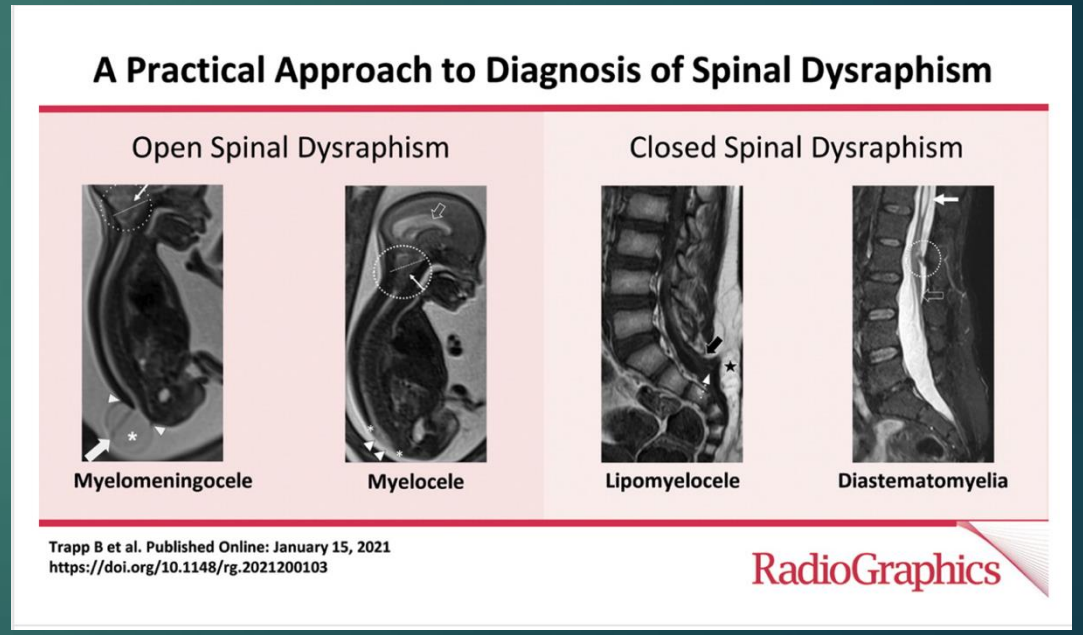
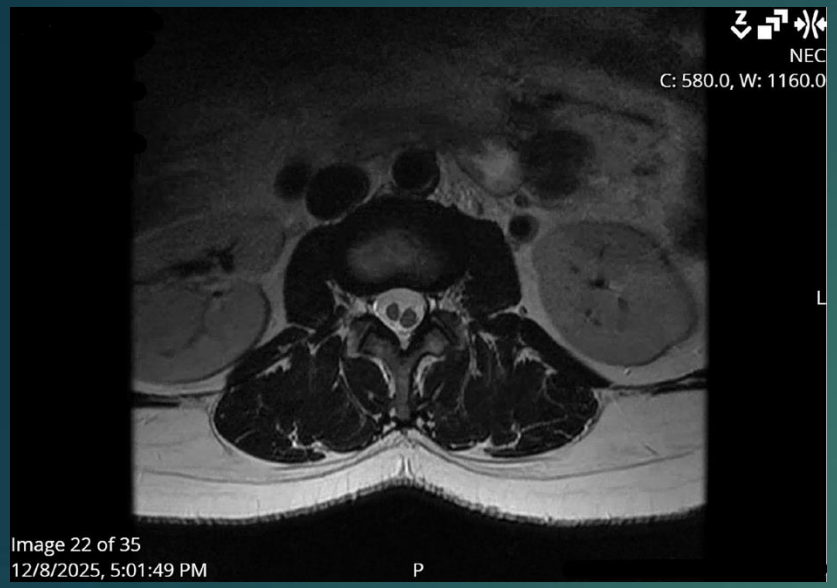
# Diastematomyelia in Pregnancy: Implications for Neuraxial Anesthesia

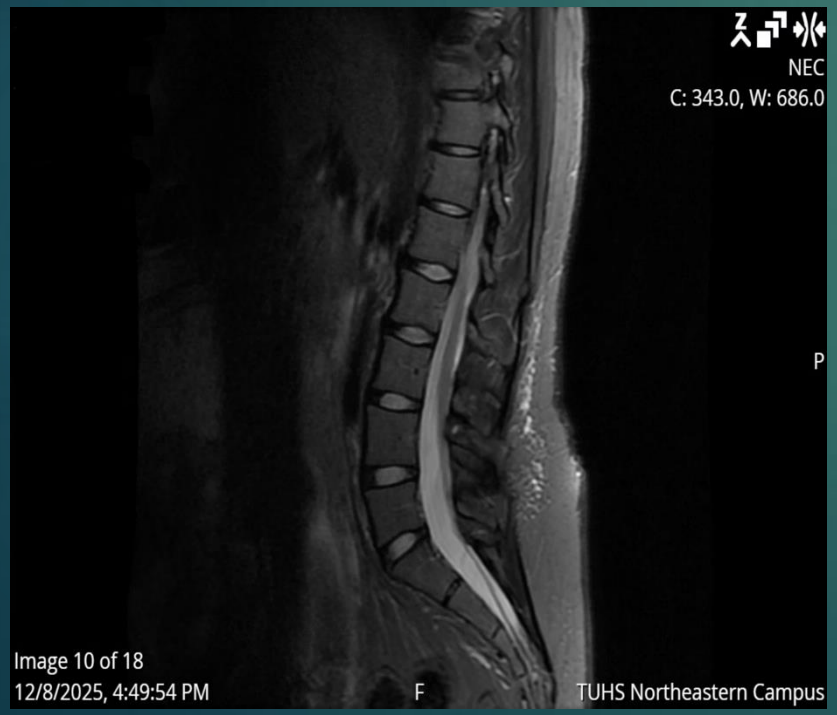
**Elizabeth Cifuentes MD, Jack Peace MD, John Kissko MD**

## Background:

- **Spinal dysraphism**: congenital malformation secondary to a neural tube closure defect
- **Diastematomyelia:** spinal cord splits into two hemi cords
  - Type I: two separate dural sacs divided by a bony septum
  - **Type II**: single dural sac with two hemi cords separated by a fibrous septum






# The Case:

- 31-year-old G5P3 parturient
  - PMH: spina bifida occulta and type II diastematomyelia
- Baseline neurologic symptoms
- Multidisciplinary conference:
  - Spinal anesthesia contraindicated
  - Early epidural placement around L2–L3 level
- IOL at 39 weeks due to cHTN with SI preeclampsia with severe features

# Learning Points:

- Individualized considerations for neuraxial analgesia in **spinal dysraphism**
  - **Diastematomyelia**: risks and benefits of neuraxial analgesia
    - Spinal vs. Epidural
    - Location
    - Timing
- **Baseline** neurological symptoms
- Detailed spinal **imaging** review
- Informed consent addressing **neurologic risk**
- Consultation and **multidisciplinary** approach