

Prolonged Neuromuscular Weakness Following Emergent Cesarean Delivery Revealing Undiagnosed Pseudocholinesterase Deficiency

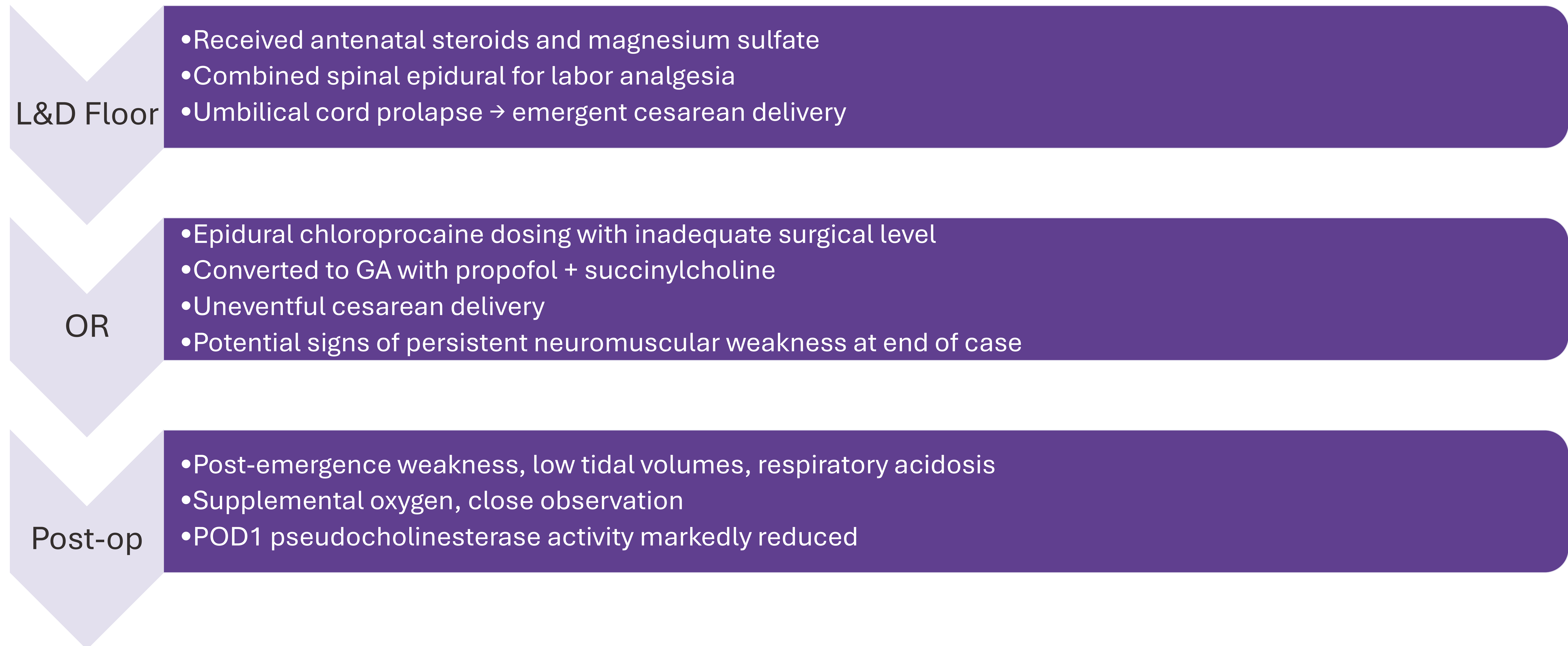
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Background: Pseudocholinesterase Deficiency

- Enzymatic disorder (~1 in 3,000–5,000)
- Impaired metabolism of depolarizing neuromuscular blockers (i.e. succinylcholine) and ester local anesthetics
- Deficiency or abnormal enzyme variants → prolonged neuromuscular blockade after standard dosing
- Often undiagnosed until exposure during anesthesia
- Obstetric emergencies may require rapid anesthetic conversion revealing underlying disorders

Case Presentation

Healthy 33-year-old G2P1001 at 28 weeks with preterm labor...



Key Take Away Points

- Obstetric emergencies require rapid anesthetic decision making
- Undiagnosed metabolic disorders may present perioperatively
- Prolonged weakness can occur after a single dose of succinylcholine
- Qualitative TOF may be misleading with depolarizing agents
- Magnesium may potentiate neuromuscular weakness
- Counsel patients and document diagnosis to avoid triggering agents