Through the looking glass: Anesthetic Challenges in Mirror Syndrome

SAMANTHA SMITH, MD | BECKY MIRSKY, MD | YUN XIA, MD, PHD

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

SOAP 2026 ANNUAL MEETING
MONTRÉAL, QUÉBEC, CANADA | APRIL 29-MAY 3, 2026

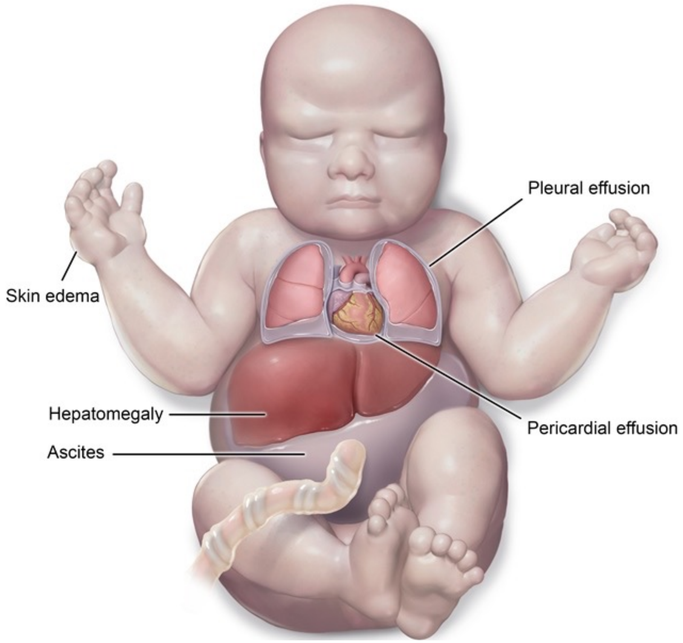
BACKGROUND

Definition

Mirror syndrome (Ballantyne syndrome) is a rare obstetric diagnosis characterized by **"triple edema"**…

- **Fetal hydrops**
- **Placentomegaly**
- **Maternal edema**

… where maternal presentation often <u>mirrors</u> the hydropic fetus.



Pathophysiology

Infection, congenital anomalies, anemia

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Hydrops fetalis

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Placental edema and ischemia

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Release of antiangiogenic factors

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Maternal edema, HTN, proteinuria, weight gain

References

Ballantyne, JW. *The diseases and deformities of the foetus…* Oliver and Boyd; 1895.

Fetal Diagn Ther. 2010;27(4):191-203.

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CASE PRESENTATION

16-year-old G1P0 at 21.4 weeks gestation

- **Diagnoses:** Maternal mirror syndrome, Preeclampsia with severe features, Fetal hydrops due to parvovirus B19 cardiomyopathy
- **Maternal Findings:** Severe hypertension, headache, nausea, vomiting, ascites, hyponatremia, transaminitis
- **Fetal Findings:** Ascites, cardiomegaly, VSD, abnormal Dopplers, placentomegaly

Paracentesis 5 liters, two cordocenteses at outside hospital

Pre-delivery stabilization → Epidural analgesia → Vaginal delivery → PPH management → Postpartum care

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TEACHING POINTS

Mirror Syndrome Risks

- Volume overload
- Hemodynamic instability
- Difficult airway
- Aspiration
- Preterm labor
- Coagulopathy
- Postpartum hemorrhage

Anesthetic Management

General anesthesia poses airway management and aspiration concerns

Neuraxial anesthesia preferred if coagulation parameters are acceptable

Prioritize **fluid management** and **respiratory monitoring**

Clinical overlap with **preeclampsia** is common

Compassionate care is crucial

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