Multidisciplinary Management of Labor and Neuraxial Anesthesia in a Parturient with Complex Cardiac and Hematologic Disease

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The Case

27-year-old G4P0030 at 39 weeks 1 day

History: Brugada syndrome, POTS, EDS, platelet dyscrasia, syringomyelia, Hashimoto's, 3 SABs

Outcome: Successful neuraxial analgesia and vaginal delivery without complications

Background

Platelet dyscrasia of unknown origin with history of bleeding:

- Risk: epidural hematoma, postpartum hemorrhage
- Management: US guided epidural, platelet transfusion, TXA

Ehlers–Danlos syndrome (hypermobile type III):

- Risk: platelet dysfunction, decreased local anesthetic efficacy

Postural orthostatic tachycardia syndrome (POTS):

- Risk: autonomic instability and hemodynamic fluctuations
- Management: pain control with labor epidural

Brugada syndrome:

- Risk: malignant arrhythmias
- Management: continuous telemetry, defibrillator pads, isoproterenol

Teaching Points

Labor with neuraxial anesthesia is feasible with appropriate precautions

Platelet dyscrasia: normal count does not equal normal function; bleeding history is critical

Risk mitigation: consider empiric platelet transfusion; antifibrinolytics such as TXA; ultrasound guidance