Peripartum Anesthetic Management of Severe Stiff Person Syndrome: Anticipatory Planning in a High-Risk Parturient

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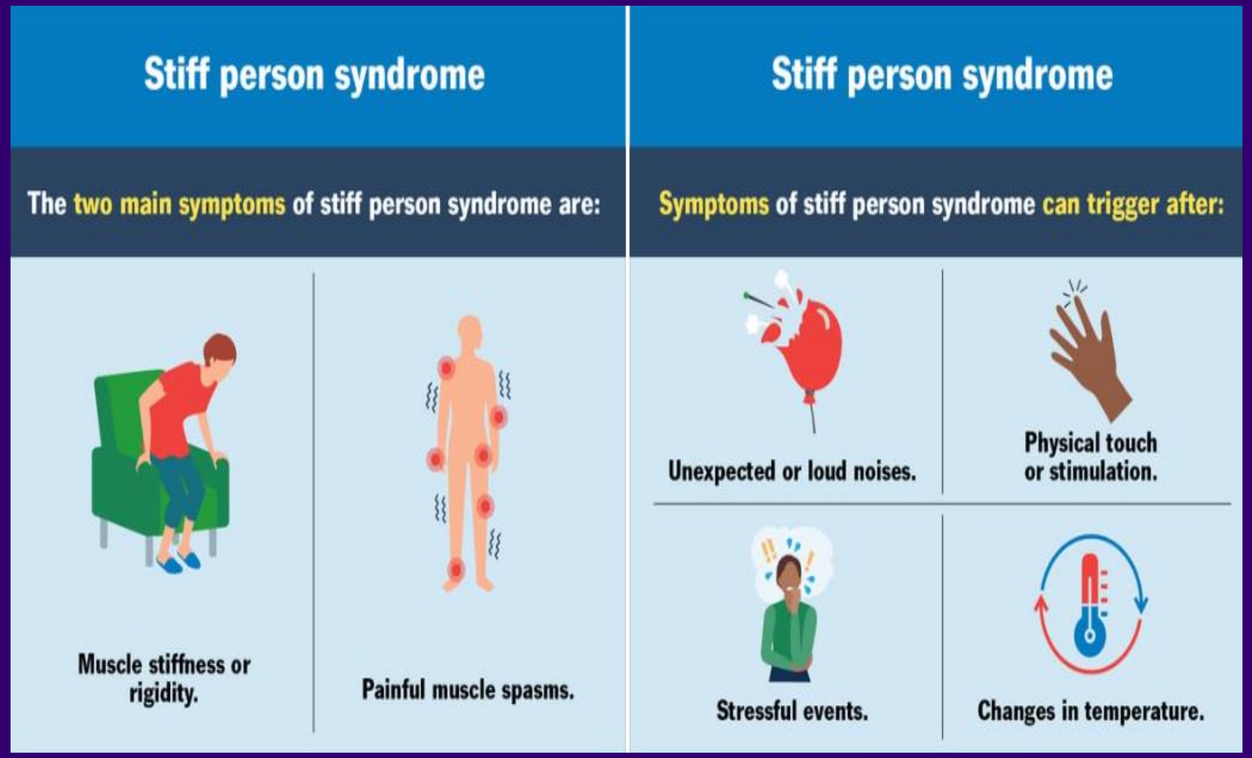
Background:

- Rare autoimmune neurologic disorder (1-2 per million)
- Caused by impaired GABA-mediated inhibition resulting in rigidity and spasms
- Triggers: noise, touch, stress, anxiety
- Diagnosis includes anti-GAD65 antibodies, EMG showing continuous motor activity, and supportive CSF findings
- Obstetric anesthetic care may prove challenging due to:
  - chronic GABAergic therapy
  - potential interactions with anesthetic agents
  - postoperative hypotonia
  - anticoagulation
  - airway/neuraxial concerns



Source: Cleveland Clinic. Stiff Person Syndrome. Available at: https://my.clevelandclinic.org/health/diseases/6076-stiff-person-syndrome

Case Presentation:

Patient profile

- 31-year-old, G5P0040
- Severe SPS diagnosed at age 19
- Comorbidities:
  - DVT/PE on therapeutic anticoagulation
  - Type 2 DM
  - Scoliosis
  - Edentulous
  - Prolonged QT
- Recurrent spasms and pain crises
- Prior ICU admission with respiratory failure
- Ongoing treatment: Diazepam, Baclofen, Opioids, IVIG twice monthly

Outcome

- Urgent cesarean delivery at 34w4d
- Single-shot spinal anesthesia without complication

Teaching Points:

Severe SPS in pregnancy requires anesthesiologist-led anticipatory planning

Early neuraxial strategies

Continuation of disease-modifying therapy

IVIG is safe and beneficial in pregnancy

Coordinated anticoagulation management

Caution with general anesthesia:

- Neuromuscular blockade – prolonged weakness
- Volatile anesthetics and baclofen interactions- delayed recovery

Postpartum vigilance