

CESEAREAN DELIVERY FOR AUTONOMIC DYSREFLEXIA WITH SYNOVIAL SARCOMA OF T7 CAUSING PATHOLOGIC BURST FRACTURE

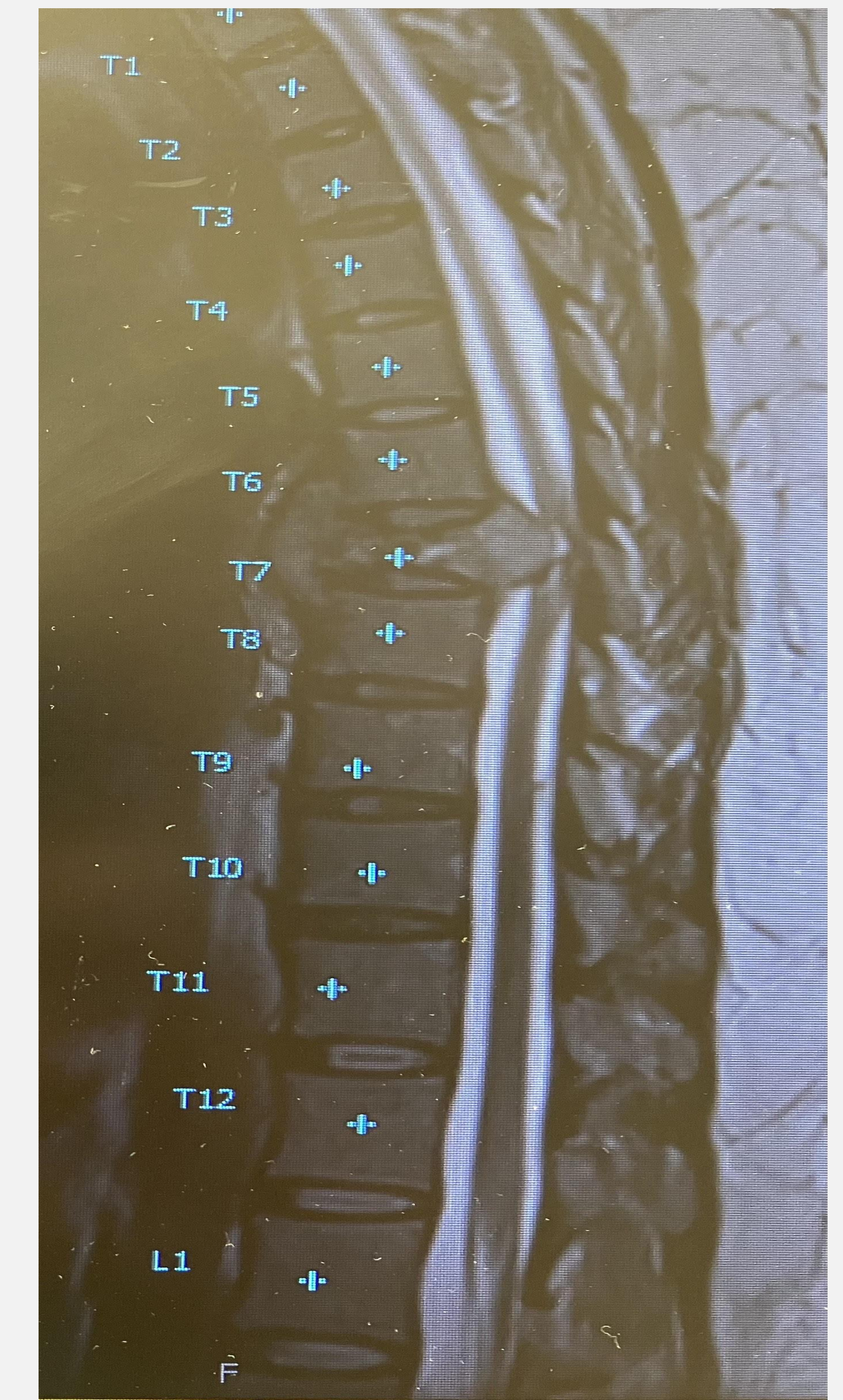
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Background

- Primary synovial sarcoma is exceptionally rare, with spinal involvement only in a minority of cases
- Autonomic dysreflexia (AD) is a disordered response to stimuli below a spinal cord injury
- Neuraxial anesthesia is a preferred method of anesthesia in pregnant patients and patients with autonomic dysreflexia

CLINICAL CASE

- 39-year-old G3P1011 at 33wk0d presents with bilateral lower extremity numbness, weakness, constipation, and urinary retention
- MRI demonstrated pathologic T7 compression fracture with spinal cord compression
- Developed labile blood pressure due to AD
- Fetal heart tracing with multiple late decelerations. Delivery recommended due to uteroplacental insufficiency
- General anesthesia performed with standard ASA monitors and arterial catheter
- Rapid sequence intubation, maintenance with propofol and remifentanyl
- Extubated to room air and vasopressor support discontinued



TEACHING POINTS

- Primary synovial sarcoma compromises approximately 10% of soft tissue sarcomas
- Pregnant patients with acute spinal cord injury require close monitoring for signs and symptoms of autonomic dysreflexia
- General anesthesia is an effective strategy for maintaining maternal hemodynamic stability in pregnant patients with acute spinal cord injury

J Neurosurg Spine 2024 Mar 15;40(6):782-789. doi: 10.3171/2024.1.SPINE231184. Print 2024 Jun 1.

BMJ 2020 Oct 2;371:m3596. doi: 10.1136/bmj.m3596.

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