Anesthetic Management of Scheduled Cesarean Delivery in a Patient With Pregnancy-Associated Spontaneous Coronary Artery Dissection

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Background

- Pregnancy associated spontaneous coronary artery dissection (P-SCAD) is the leading cause of myocardial infarction in pregnancy[1]

- Pathophysiology shown here

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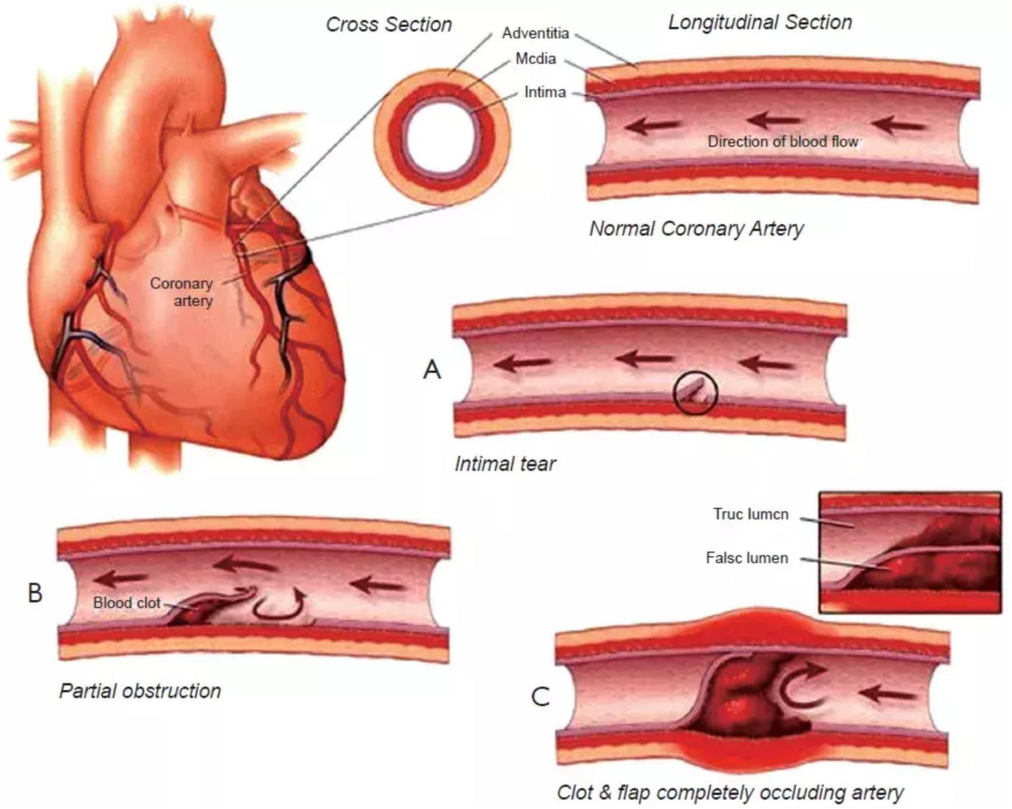
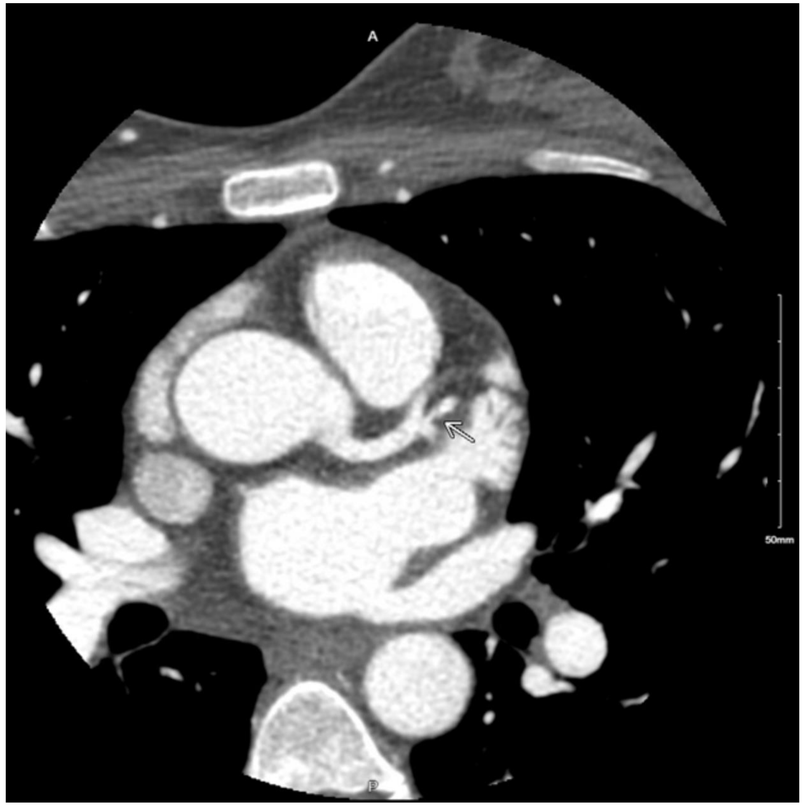


https://www.saintlukeskc.org/specialties-services/heart-vascular/heart-disease-women/spontaneous-coronary-artery-dissection

Case Report

Initial presentation:

- 30 yo G4P0 at 36w2d with acute chest pain w/ jaw radiation
- ECG showed inferior T wave inversions
- Troponin peak = 651 ng/L
- Patient given 324mg ASA + UFH gtt
- Coronary CT angiography shown here
- Patient discharged home on labetalol
- Multidisciplinary discussion for cesarean delivery



Intraoperative Management:

- Goals: HR control, BP narrow range
- 2x 18g PIV, preinduction arterial line
- DPE with slow incremental dosing

Postop management:

- Monitored 24hrs with art line
- Discharged on beta-blockade

Discussion

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- Dangers of P-SCAD[2]
- Vaginal vs. Cesarean delivery[3]
- Intraoperative anesthetic goals; monitoring and slow neuraxial titration[4,5]
- Importance of multidisciplinary meetings

References:

1. PMID: 32819471
2. PMID: 29472380
3. PMID: 32362133
4. PMID: 36780370
5. PMID: 38939671