

ECCLAMPTIC SEIZURE AT THE TIME OF NEURAXIAL ANESTHESIA FOR SCHEDULED CESAREAN DELIVERY

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Background

- Acute neurologic changes during cesarean delivery represent a time-sensitive obstetric emergency.
- Eclampsia must be first excluded given its strong association with fetal and maternal morbidity.
- We present a case of a suspected eclamptic seizure occurring at the time of spinal anesthesia for scheduled cesarean delivery.

Case: Healthy, 40-year-old G2P1 presented for scheduled repeat cesarean delivery for twin gestations in breech/vertex presentation.

- In the OR, BP was found to be 206/132.
- Approximately three minutes after placing the patient in the supine position, the patient became unresponsive with posturing. BP dropped to 65/31 mmHg with fetal heart rate decelerations.
- Midazolam and a magnesium were administered for presumed eclampsia.
- The patient became responsive enough to establish a surgical block for emergent delivery under spinal anesthesia.
- Postoperative serum studies were obtained and demonstrated increased WBC, normal plt, coags, HFT, and UPC. CT without evidence of cerebral hemorrhage/infarction.
- The patient was monitored in ICU for sustained, severe hypertension and magnesium infusion.

Teaching Points

- Awareness of the non-linear progression of eclampsia is critical to timely intervention and optimization of maternal and neonatal outcomes.
- Eclampsia can present abruptly without warning signs and symptoms.
- Neuraxial anesthesia remains the preferred management for delivery in eclamptic patients.

