

Spinal Tumor Complicating Pregnancy: A Case Report On The Anesthetic Management In Delivering The Baby Followed By Resection Of Tumor

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Pregnant women with pathological conditions requiring surgery present a unique anesthetic conundrum. A pregnant patient with spinal tumor was planned for emergency lower segment Caesarean section followed by laminectomy and tumor debulking at the same setting at 32 weeks of period of gestation. Preoperative assessment revealed signs of lower motor neuron lesion with bilateral reduction of lower limbs power with sensory level at L2. MRI spine revealed an intradural extra medullary spinal mass at the level of T12 to L4.

We conducted the Caesarean section under general inhalational balanced anesthesia and converted to total intravenous anesthesia (TIVA) for surgery of the spine. The modes of anesthesia took into account the interaction of the anesthetic drugs on the fetus and the uterus, the usage of intraoperative neuro monitoring and the safety of the fetus. We described our pharmacological and physiological basis of our anesthetic management of this patient. The baby was delivered with APGAR scores of 4 at 1 minute and 9 at 5 minutes and the surgery was uneventful with a blood loss of 650ml. Patient was extubated well and observed in ICU for 1 day. The neurological deficit however did not improve post-operatively.

By combining two anesthetic techniques, our experience has demonstrated that it is possible to undertake two major surgical procedures in one setting for a pregnant lady and thus, reducing the number of times the patient has to undergo general anesthesia as well as operating theatre time.