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Emergency Cesarean section in a patient with idiopathic intracranial hypertension and Transient osteoporosis of pregnancy

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We present a case of a 28 year old female G1P0 presented at labor and delivery suite at 37 weeks pregnancy with severe chest pain, left arm and left shoulder pain with shortness of breath. Pulmonary embolism and myocardial ischemia was ruled out.

Two years before pregnancy, patient had an episode of Idiopathic intracranial hypertension presented with headache and blurry vision. Lumbar Puncture done at that time ruled out meningitis and CSF was drained therapeutically. Patient improved symptomatically after diuretic treatment which she stopped on her own after a month. Within few months after that she was diagnosed with bilateral optic nerve edema which was again treated with diuretics.

At 16 weeks of pregnancy, she experienced severe headache, diagnosed with optic nerve edema and followed up with ophthalmologist every 2 months during pregnancy without any medication. At about the same time, she also experienced severe right hip pain, was unable to bear weight and lost balance. Lumbar and hip MRI showed transient osteoporosis of pregnancy and sub-chondral fracture. She was started on calcium, vitamin D and was advised against bearing weight. Later at 35 weeks of pregnancy, she started getting left hip pain.

Due to the raised intracranial tension and transient osteoporosis of pregnancy, specialists advised her against vaginal delivery. She was scheduled for elective cesarean section but 2 weeks before her scheduled date, had to be admitted with severe chest pain and shortness of breath.

Airway management can be challenging in parturient with full stomach. Fluid retention in an idiopathic intracranial hypertension (pesudotumor cerebri) further increases the risk of difficult airway. Though intracranial pressure is elevated in pseudotumor cerebri, there are no contra-indications to neuraxial technique as uncal herniation does not occur. Hence, in this case, Neuraxial anesthesia was chosen over general anesthesia. Patient had emergency cesarean section under combined spinal epidural anesthesia without any issues. Mother and baby were discharged home on third post operative day.