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General Anesthesia for Cesarean Section in a Patient with Neurofibromatosis Type 1

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We report the management of a 21-year-old patient, G1 P0, at 38 weeks of gestation with neurofibromatosis type 1 who presented for cesarean delivery with general anesthesia. The patient was admitted for clinical investigation at 26 weeks of gestation due to cutaneous hyperpigmented lesions accompanied by tonic-clonic seizure and progressive reduced strength in left upper limb which became a tetraparesis during gestation. Contrast enhanced brain and cervical computerized tomography (CT) scan revealed meningioma at sagittal suture and tumoral mass at left upper cervical area (C1-C2) protruding into medullary canal. The admission evaluation demonstrated a 82 kg, 164 cm (BMI was 30.6 kg/m2) patient with tetraparesis, predominating in upper limbs, paretic gait, claw hand on the left side, four limbs hyperreflexia, Babinski’s and Hoffman’s signs bilaterally. She was started on dexametasone therapy. During hospitalization, the patient’s neurologic condition was gradually deteriorating and the obstetric team decided for cesarean. The airway evaluation demonstrated our patient having a Mallampati class III, inter-incisor distance over 3 cm, thyromental distance greater than 5 cm, reduced neck mobility and cervical mass without tracheal deviation. There were no clinical or radiology signs of intracranial hypertension. We performed awake fiberoptic orotracheal intubation followed by general anesthesia. There was no neurologic complains during intubation. We administered general anesthesia successfully, the surgery was uneventful and during recovery the patient’s neurologic status was similar to the one previous to surgery. However, during the early post-operative period, the patient presented upper limbs spasticity and lower limbs paraplegia. She was submitted to uneventful urgency spinal neurosurgery for neurofibroma excision.

References: