

#36433 PLAYING WITH FIRE: RAPID SEQUENCE SPINAL ANESTHESIA FOR AN EMERGENT CAESAREAN DELIVERY ON PATIENT WITH A SYSTEMIC INFECTION – A CASE REPORT

Alexandrina Silva, David Silva Meireles*, Cristina Castelo Branco, Cristina Salta, Teresa Rocha. *Anesthesiology, Centro Hospitalar Universitário de Lisboa Central, Lisbon, Portugal*

10.1136/rapm-2023-ESRA.453

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims Rapid sequence spinal anesthesia for emergent cesarean delivery remains a controversial technique in patients with relative contraindications such as systemic infection.

Methods A 20-year-old woman at 41 weeks of gestation was admitted due to severe labour pain and early decelerations on CTG. The patient requested epidural analgesia, which was contraindicated due to prolonged rupture of membranes and elevated inflammatory markers (leukocytes: 25000/mL, CRP: 30 mg/dL) on admission. After starting antibiotic therapy, a remifentanyl perfusion was started under clinical and instrumental monitorization and titrated to 0.15 mcg/kg/min, according to institutional protocol, providing effective pain relief and stable vital signs. An hour after admission, the patient developed a placenta abrupta. She was swiftly transported to the operating theatre, where a rapid sequence spinal anesthesia was performed, providing adequate anesthesia and a timely completion of the caesarean delivery.

Results The child was born healthy and the patient developed no neurological complications after the procedure.

Conclusions Rapid sequence spinal anesthesia may contribute to reducing the decision-to-delivery interval in patients without an epidural catheter, leading to favourable outcomes for both the mother and the neonate in challenging clinical situations. Further studies should investigate whether single puncture neuraxial techniques require antibiotic pretreatment for infection and for how long.

#35748 THIRD TRY IS THE CHARM: UNANTICIPATED GENERAL ANAESTHESIA FOR C-SECTION IN MYOCARDITIS

Ana Inês Proença Pinto*, Daniela Cristina Simões Ferreira, Fernando José Almeida e Cunha, Teresa Ferreira. *Anaesthesiology, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal*

10.1136/rapm-2023-ESRA.454

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims We present the case of a 39 weeks parturient, scheduled to an elective c-section due to a myocarditis caused by COVID-19 mRNA vaccination.

Methods The myocarditis had developed following her second COVID-19 vaccine during her 29th week of gestation. Her prior history included gestational diabetes, and smoking. She presented with retrosternal pain and nausea, increased troponin, leucocytosis, infra-PR and diffuse ST elevation. Her echocardiogram had an ejection fraction of 55% with apical and inferolateral hypokinesia but the coronarography excluded

active coronary disease. She was discharged after 4 days with resolution of symptoms and medicated. After a careful multidisciplinary assessment, an elective c-section at term was decided.

Results Myocarditis following COVID-19 vaccination is a rare complication of mRNA vaccines. Because pregnant people are at increased risk of severe disease and obstetrics complications, their vaccination is considered effective and safe. For parturients with myocarditis, caesarean delivery under epidural anaesthesia is considered to be a safer alternative. It avoids the stress of laryngoscopy, tracheal intubation on a potential difficult airway, and the potential problems of mechanical ventilation. In this case, due to a faulty syringe, we could not estimate how much dose of bupivacaine and sufentanil had been injected to the subarachnoid space. Despite careful administration of epidural ropivacaine, a satisfactory blockade could not be obtained. Carefully titrated general anaesthesia had to be induced to avoid cardiovascular depression. The surgery carried out uneventfully, and a healthy new-born was delivered.

Conclusions This case shows that despite meticulous technique, unsatisfactory blocks can still occur due to material defect.

Attachment Consentimento informado .pdf

#36378 LOW-DOSE SPINAL COMBINED EPIDURAL: AN ANESTHETIC TECHNIQUE FOR PARTURIENTS IN PATIENTS WITH CONGENITAL HEART DISEASE

¹Rizki Suhadayanti*, ²Ruddi Hartono, ³Isngadi Isngadi. ¹*Anesthesiology and Intensive Therapy Specialist Program, Faculty of Medicine, Brawijaya University, Malang, Indonesia;* ²*Anesthesiology and Intensive Therapy Specialist Program, Anesthesiologist specialization in Obstetric Anesthesia, Fellow of Cardiac Thoracic anesthesia, Faculty of Medicine, Brawijaya University, Malang, Indonesia;* ³*Anesthesiology and Intensive Therapy Specialist Program, Anesthesiologist specialization in Obstetric Anesthesia, Faculty of Medicine, Brawijaya University, Malang, Indonesia*

10.1136/rapm-2023-ESRA.455

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims Heart disease in pregnant women can be rheumatic heart disease, cardiomyopathy, and congenital heart disease. A low-dose spinal combined epidural is effective in caesarean delivery with minimal side effects and reasonable outcomes in parturients with cardiac disease. We describe the successful use of a low-dose spinal combined epidural anaesthesia in a parturient with congenital heart disease for Caesarean section.

Methods This report describes the outcomes of each patient who underwent a low-dose spinal combined epidural for anaesthesia management in 16 parturients with congenital heart disease treated at RSUD Dr. Saiful Anwar Malang.

Results Sixteen patients with low-dose spinal combined epidural technique (80%) were discharged from the hospital in good condition; three patients who are one patient with PDA and 2 VSD using single shoot low-dose spinal, and five patients with VSD, four patients with PDA, two patients in ASD, one patient with TOF, one patient with PPCM using a low-dose spinal combined epidural.

Conclusions The low-dose spinal combined epidural is a good choice for a parturient with congenital heart disease.