Background and Aims Idiopathic transverse myelitis is a rare focal inflammatory disorder of the spinal cord causing motor, sensory, and autonomic dysfunction. Although it has significant anaesthetic implications, there are few reports of obstetric anaesthesia management of patients affected by this condition, with even fewer describing a neuraxial anaesthesia approach.

Methods The authors describe the successful use of neuraxial anaesthesia in a 40-year-old female patient (69kg, 1.52m) at 39 weeks pregnancy with idiopathic transverse myelitis proposed for elective caesarean section. After multidisciplinary team discussion involving a neurologist, and considering the patient’s currently asymptomatic neurological status, a combined spinal-epidural anaesthesia was performed with an initial subarachnoid injection of 1.5 ml of 0.75% ropivacaine and 2.5 µg of sufentanil followed by placement of an epidural catheter for postoperative multimodal analgesia.

Results The procedure was uneventful and postoperative recovery was unremarkable with no reappearance of previous symptoms. The patient was discharged three days after the procedure. Two months after the anaesthesia no new neurological changes have been identified or reported when compared to the preoperative setting.

Conclusions Neuraxial anaesthesia may be a safe approach for elective caesarean section in patients with idiopathic transverse myelitis under similar circumstances. However, neurological assessment before and after neuraxial block is essential, as well as obtaining informed consent.