Background and Aims: 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.

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.

Background and Aims: Lymphangioleiomyomatosis (LAM) is a rare, progressive, idiopathic disease, affecting almost exclusively women of reproductive age. Mainly involves the pulmonary, renal, and lymphatic systems, with an increased risk of complications during pregnancy with significant anaesthetic implications. Information regarding 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 39-year-old female patient (72kg, 1.60m) at 39 weeks pregnancy with pulmonary and abdominal LAM proposed for elective caesarean section. LAM was incidentally diagnosed two years earlier during in vitro fertilization treatments and was responsible for ICU admission at 20 weeks of pregnancy due to massive bleeding from a 22x18cm renal angiomyolipoma. After multidisciplinary team discussion, and considering the patient’s hematological recovery and currently asymptomatic status, a combined spinal-epidural anaesthesia was performed according to our protocol with an initial subarachnoid injection of 1.6 ml of 0.75% ropivacaine and 2.5 μg of sufentanil. The epidural catheter was left in place for potentially prolonged surgery and postoperative multimodal analgesia.

Results: General anaesthesia with positive pressure ventilation was successfully avoided. The procedure was uneventful with no need for vasopressors and postoperative recovery was unremarkable, with the patient being discharged two days after the procedure.

Conclusions: Combined spinal-epidural anaesthesia may be a safe approach for elective caesarean section in patients with LAM under similar circumstances.