

**Background and Aims** An 18-year-old female, presented to labour ward, G2P0 36+6 weeks pregnant, with history of cardiac transplant for idiopathic dilated cardiomyopathy diagnosed at age of 13 and transplanted at age 13, with dual chamber pacemaker, with good exercise tolerance. Due to worsening acute kidney injury, secondary to a combination of Tacrolimus and obstructive hydro nephrosis of the right kidney, urgent category 2 caesarean section delivery was needed to avoid sepsis.

**Methods** Prior to theatre, pacemaker was checked, preoperative ECG showed a pacemaker dependant rhythm and USS of renal tract showed a moderate hydronephrosis of right kidney. Preoperative potassium was raised, treated with a dextrose-insulin infusion. Irradiated blood was crossmatched. Two wide bore cannulas and arterial line were inserted. Patient was consented and a spinal anaesthetic was administered. Intraoperative cell salvage was used due to anaemia in pregnancy. Postoperatively, patient was managed in labour ward HDU with strict fluid balance. Kidney functions gradually improved and Tacrolimus levels was monitored.

**Results** Preconception counselling is paramount. pregnancy should be delayed at least 1 year after a heart transplant. Higher incidence of pre-eclampsia, eclampsia and gestational diabetes have been reported. Monitoring of immunosuppressant levels is vital.

**Conclusions** Pregnancy after heart transplantation brings many new considerations to the anaesthetist especially as this is a rare occurrence! this case report shows the importance of a multidisciplinary team approach whilst keeping the patient at the centre of combined decision making. Patients require a tailored anaesthetic plan and careful perioperative preparation to ensure safe patient care. Punnoose, L.R. et al. (2020) 'Pregnancy outcomes in heart transplant recipients,' *The Journal of Heart and Lung Transplantation*, 39(5), pp. 473–480.

**Attachment** Poster version 2.0.pdf

### #36282 HIGH SPINAL BLOCK AFTER COMBINED SPINAL-EPIDURAL ANESTHESIA FOR CESAREAN SECTION

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10.1136/rapm-2023-ESRA.451

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**Background and Aims** Unrecognized spinal placement of an epidural catheter is a serious complication. It can cause a high/total spinal block which can lead to a catastrophic outcome.

**Results** A 37 year old woman was admitted to elective cesarian section at 39 weeks of gestation. Previous history includes an uneventful cesarian section 7 years ago. A combined spinal-epidural block in the sitting position through the L3/L4 intervertebral space using a median approach was achieved after 3 attempts by loss of resistance to normal saline. A needle-through-needle technique was performed. CSF flow was confirmed by glucose testing and 1.6ml 0,5% Bupivacaine and 2 µg sufentanyl were administered. The epidural catheter was then inserted and negative aspiration was confirmed. Due to incomplete block for surgery, 9.5mL of 2% lidocaine was

injected through the epidural catheter after negative aspiration. During the following minutes, the patient gradually complained a feeling of imminent death and upper limb paresthesia, and rapidly progressed to apnea. A rapid sequence induction was immediately performed, with mechanical ventilation. A double check of the epidural catheter uncovered a positive aspiration of LCR. The cesarian section was uneventful and the patient was extubated at the end of surgery, forty minutes later. No other complications developed. She remained stable and after 4 hours both motor and sensitive blocks were fully reversed.

**Conclusions** The most likely mechanism responsible for the high spinal block was the migration of the epidural catheter while the patient was repositioned, perhaps through the dural puncture caused by the spinal needle.

### #35890 REFRACTORY ELECTRICAL CARDIAC STORM DURING A TWIN PREGNANCY DELIVERY: A CHALLENGING CLINICAL CASE

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10.1136/rapm-2023-ESRA.452

**Please confirm that an ethics committee approval has been applied for or granted:** Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

**Background and Aims** Electrical storm (ES) is a state of cardiac electrical instability characterized by multiple episodes of ventricular arrhythmias. It is a very rare condition during pregnancy, especially without a history of heart disease. We present a clinical case of a woman with a twin pregnancy who developed a very challenging and refractory ES.

**Methods** A 28-year-old woman with a bicorionic/biamniotic twin pregnancy and a history of anxiety presented to our center at 32 weeks of gestation due to dysuria and diarrhea, which started one day after she began taking quetiapine. She was admitted for evaluation and started on nifedipine for tocolysis. After one hour, the patient developed polymorphic ventricular tachycardia (VT) with significant hemodynamic instability. Due to the inefficacy of pharmacological and synchronized cardioversion, an emergent cesarean section was performed. The twins were born without complications. However, she maintained the VT and was admitted to the intensive care unit. After six days of numerous attempts at synchronized cardioversion and pharmacological therapy, a successful ablation of the apical focus of the left ventricle was performed, resulting in a return to sinus rhythm.

**Results** This case occurred in a pregnant woman with no previous heart disease. Ablation was not immediately available as a specialized team was required in our department. The only way to achieve hemodynamic improvement was through the use of isoproterenol. All the other drugs and synchronized cardioversion had no significant effect. She recovered after a few weeks with no significant morbidity.

**Conclusions** A structured, team-based management approach is paramount for these clinical cases