Conclusions TM has occasionally been attributed to the use of NA and GA. It is also controversial whether patients acutely affected by or recovered from TM are at risk for disease recurrence when NA is administered. Nevertheless, GA is the most reported technique for CS and NA has increasingly been regarded as safe. To our knowledge, this is the first report of NA failure in a patient with history of TM and we cannot discard TM as the reason for failure. This report reaffirms the need for further investigations and the careful consideration of the risks and benefits of NA for CS of women affected by TM.

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 Cystic fibrosis (CF) is an autosomal recessive disease with predominant impact on respiratory and gastrointestinal system. Pregnant women with CF have a higher risk of complications during pregnancy and childbirth. We present a case of a successful caesarean section under spinal anaesthesia in a patient with CF with multiple comorbidities.

Methods A 25-year-old female with cystic fibrosis in 34th week of gestation was admitted to the hospital for a planned Caesarean section due to worsening symptoms of underlying disease and general condition. The patient was hospitalized several times due to exacerbation of pulmonary symptoms and was treated with antibiotics. Other diseases include diabetes mellitus type 2, asthma, hypothyroidism, bronchiectasis, chronic colonisation with Pseudomonas aeruginosa and MRSA, celiac disease, tachyarrhythmia and a history of Clostridium difficile enterocolitis. She required continuous corticosteroid therapy, oxygen supplementation with nasal catheter, insulin, thyroid hormones supplementation, inhalations and other medications used in treatment of CF. Latest arterial blood gases were in normal ranges (PaO2 13.465 kPa, PaCO2 5.332 kPa). For C-section, a mixture of 1.9ml 0.5% hyperbaric bupivacaine and 0.4ml fentanyl, based on a patent’s height and weight, was applied intrathecally at the L2-L3 level with 27G needle.

Results The operation was successful and a healthy newborn was delivered. The patient’s respiratory function was not impaired and she was discharged to the PACU with stable vital signs and no need for intensive care monitoring.

Conclusions In conclusion, we believe that a spinal anaesthesia with ‘heavy’ bupivacaine is good anaesthetic technique for pregnant women with severe cystic fibrosis.