

AB219. 108. Caesarean section and perioperative fluid management in the parturient with developing nephrotic syndrome

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Abstract: Proteinuria in pregnancy is a common occurrence, most often associated with pre-eclampsia. Nephrotic syndrome is a non-specific disease of the kidneys characterized by a triad of proteinuria, hypoalbuminemia and oedema. It has been reported to affect 0.012–0.025% of all pregnancies posing both maternal and fetal complications. In this case, we describe the management of a 38-year-old female, gravida 2 para 1+0 with no previous renal disease. The patient presented at 29 weeks gestation and was found to be normotensive with pitting oedema to the knees bilaterally. Urinalysis demonstrated

gross proteinuria of 11.2 grams. Her renal indices were mildly elevated and she had an unrecordable albumin. The Nephrology service was consulted at the time of admission. She represented at 32 weeks gestation complaining of worsening oedema. A multidisciplinary team decision was made to perform an emergency lower segment caesarean section immediately. She was perhydrated with 100 mL of 20% albumin and a standard spinal anaesthetic was administered. She received a further 100 mL of 20% albumin intra-operatively and no further fluids. Surgery was uncomplicated, however, intraoperatively greater than 1.3 L of peritoneal free fluid was noted. A live 1.6-kg male infant was born with Apgar scores of 9 and 9 at 1 and 5 minutes respectively. Post operatively the patient was placed on a 24-hour 2-L fluid restriction. She was discharged home day 5 post operatively on cyclophosphamide and steroids. A follow-up renal biopsy was performed at 1 month and at time of submission the results are awaited.

Keywords: Nephrotic syndrome; pregnancy; caesarean section

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