

AB085. SOH23ABS_062. Autonomic dysfunction in an obstetric patient

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Background: We present the case of a 35-year-old primiparous lady with a history of traumatic T8 burst fracture, resulting in an American Spinal Injury Association Impairment Scale (ASIA) A T5 level spinal cord injury (SCI). The focus of her care centred on facilitating the safe delivery of her baby and minimising the risk of life threatening autonomic dysreflexia occurring in the peripartum period.

Methods: As the patient's preference was for a vaginal delivery, when she presented with 'pressure sensations' and flushing, a vaginal examination was immediately performed to diagnose active labour. Due to the risk of a patchy epidural developing in this patient with severe traumatic injuries to the back, a dural puncture epidural (DPE) was performed.

Results: After placement at L2/L3, block level was T4 (just above T5 SCI). She went on to have an uneventful delivery, but her postpartum course was complicated by cardiovascular instability. Discussion: Autonomic Dysreflexia can occur in a patient with a SCI at or above T6. A higher level increases the risk. It is defined as an acute elevation of systolic blood pressure, in response to a stimulus below the level of injury. The stimulus can be pain even when sensation is lacking.

Conclusions: Autonomic dysreflexia can quickly progress

to a life-threatening emergency. The best prevention in labour is early and effective epidural analgesia. As DPE has been shown to provide the fastest and most effective pain relief for parturients, we chose this modality for our patient with traumatic injuries to the back, and posterior spinal fusion.

Keywords: Anaesthesia; analgesia; autonomic; cardiovascular; obstetric

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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