Back for Blood? Considerations for Safe Neuraxial Placement in a Parturient with Known Vertebral Hemangiomas

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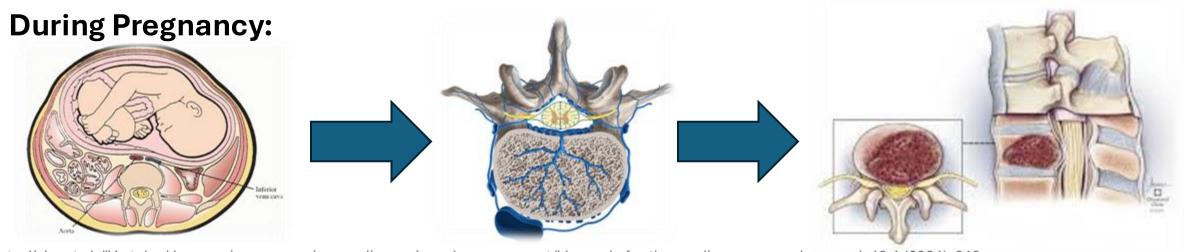


Background:

- Vertebral hemangiomas: benign tumors of abnormal blood vessels
- Incidence: 10-12% of general population¹
 - Most common in lumbar and thoracic spine

Complications²:

- Compression of spinal cord
- Fracture
- Epidural hematoma
- Spinal cord ischemia



- 1. Kato, Kyle, et al. "Vertebral hemangiomas: a review on diagnosis and management." Journal of orthopaedic surgery and research 19.1 (2024): 310.
- 2. Chryssoula Staikou, M. D., et al. "Undiagnosed vertebral hemangioma causing a lumbar compression fracture and epidural hematoma in a parturient undergoing vaginal delivery under epidural analgesia: a case report." Canadian Journal of Anesthesia 62.8 (2015): 901.

Case Presentation

- 39 y/o G5P2113 at 29w6d presenting to OB triage for rule out preterm labor
- **PMH:** abnormal bleeding, migraines
- Imaging: MRI cervical spine (chronic migraines)
 - Incidental findings of multiple stable benign hemangiomas at C6 vertebral body (9 x 7 mm), R C3 lamina, T4 vertebral body (5 mm)
- OB history: Prior labor analgesia: x2 uncomplicated epidurals*
- Recommendations: not in active labor, <u>outpatient MRI lumbar spine</u>
- Labor course:
 - MRI lumbar spine negative for vertebral hemangiomas
 - Placement of uncomplicated labor epidural
 - Spontaneous vaginal delivery





Image 1: axial bone window

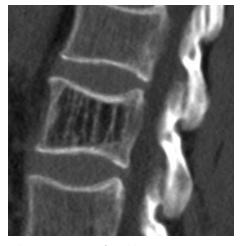


Image 2: sagittal bone window





- 1. Vertebral hemangiomas are benign tumors of abnormal blood vessels
- 2. Incidence 10-12% in general population
- 3. More common in thoracic and lumbar spine
- 4. Expansion during pregnancy through delivery
- 5. Complications of rapid expansion can be devastating
- 6. Obtain lumbar MRI in patients with known vertebral hemangiomas
- 7. AVOID neuraxial anesthesia at location of lumbar hemangiomas
- 8. Consider cesarean section for high-risk patients