

Anesthetic Considerations for Pregnant Patients with Osteogenesis Imperfecta

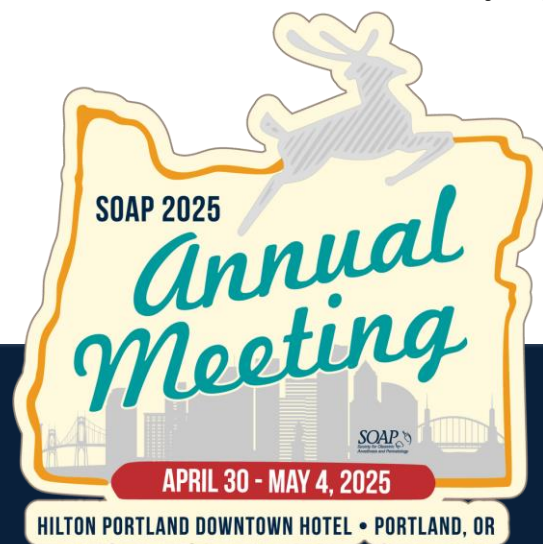
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Zalewski, S. (n.d.). *Osteogenesis imperfecta poses vision risks too*. Michigan Medicine. <https://www.michiganmedicine.org/health-lab/osteogenesis-imperfecta-poses-vision-risks-too>

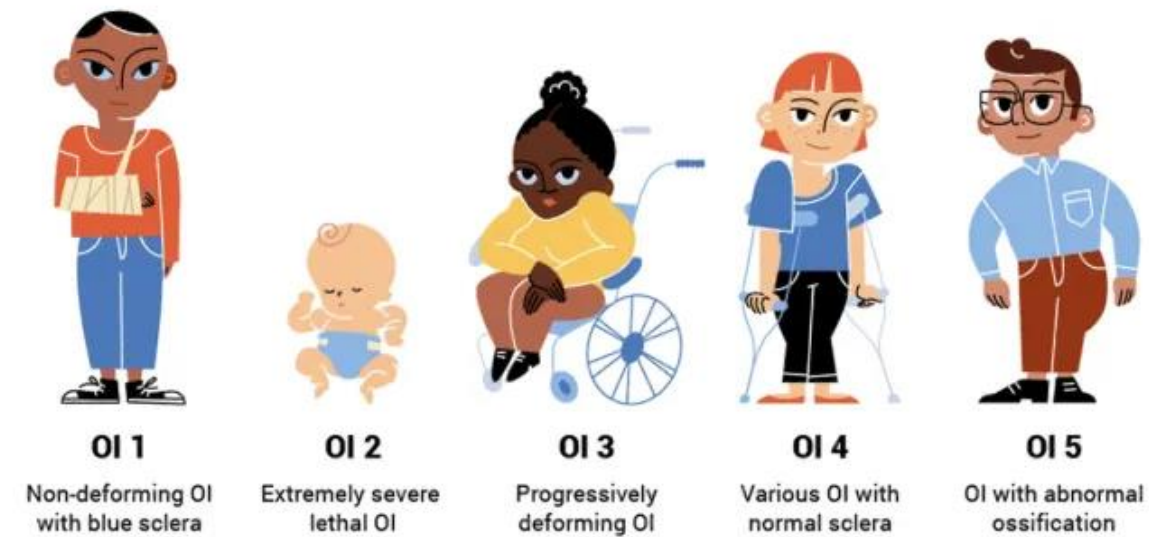
Background

- Osteogenesis imperfecta is autosomal dominant disorder characterized by bone fragility
- Common phenotype is short stature, joint hypermobility, scoliosis and low-impact fractures
- Many women become pregnant but are at increased risk of obstetrical complications (pelvic fractures, hemorrhage, neonatal morbidity)
- Cesarean section is often indicated due to risks mentioned above



Case Report

- 34 yo F G1P0 at 38 weeks with OI (Type 5) and fetus with skeletal dysplasia.
- Physical exam: 3'4" height, 29 kg weight
- Labs within normal limits
- Combined spinal epidural was performed for a scheduled Cesarean section
- L4-L5 interspace, 17 gauge 3.5 in Touhy needle, LOR at 2.5 cm, catheter left at 7.5 cm.
- Spinal dose: 0.8 mL 0.75% bupivacaine 75 mcg duramorph
- Phenylephrine drip started at low dose



Conclusions

Neuraxial Anesthesia



- Preferred method
- Check platelet count pre-operatively
- Increased difficulty of epidural placement with severe scoliosis



General Anesthesia



- Always ready as back up
- Watch out for decreased neck mobility
- Risk of tooth dislodgement
- Cervical instability with direct laryngoscopy
- Have videoscope available as backup