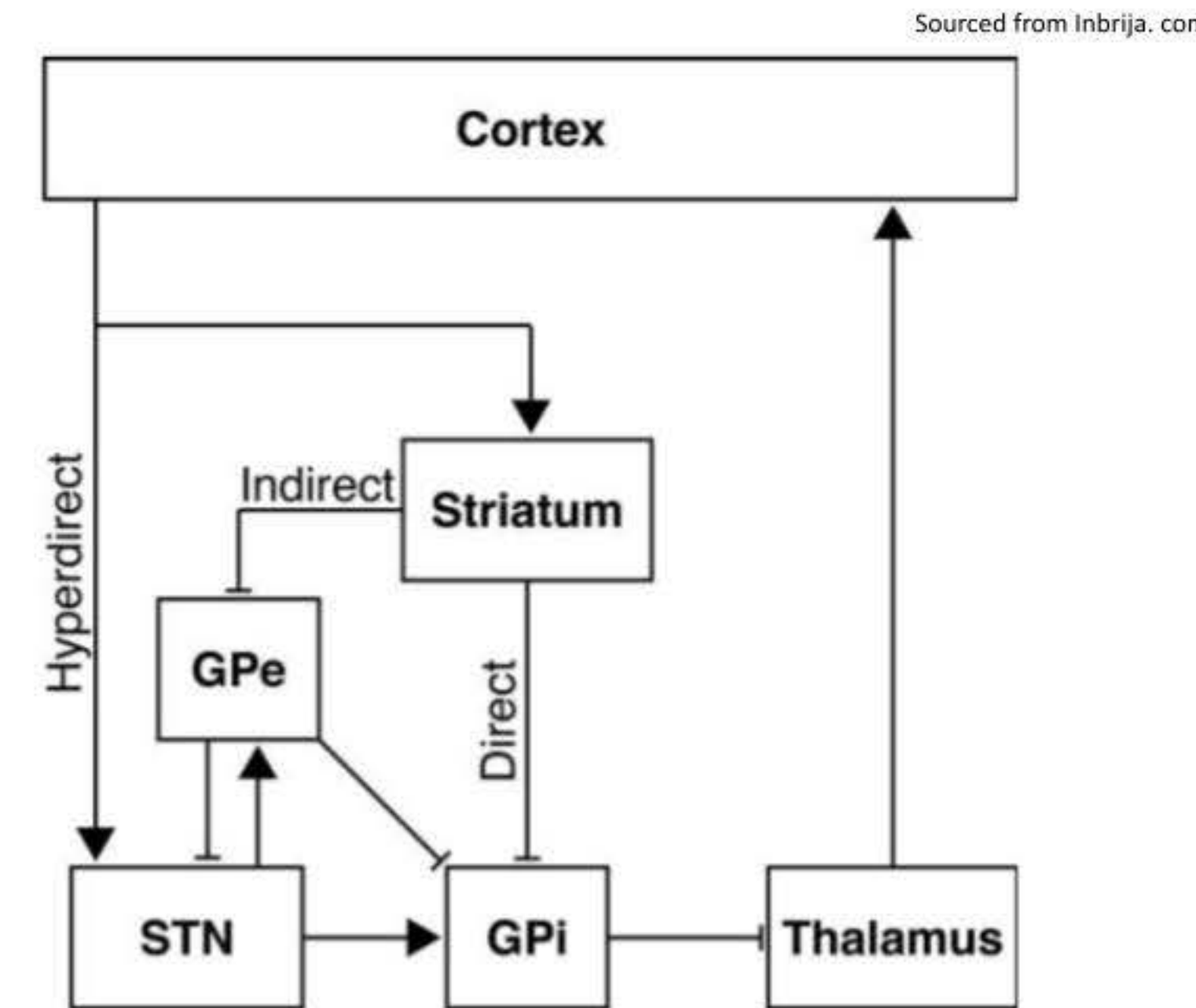


Background

- 36-year-old G1P0 at 38+1 weeks presented for induction of labor due to chronic hypertension
- Medical history: dopamine-responsive dystonia, myoclonic epilepsy, asthma, obstructive sleep apnea, migraines, anxiety, and depression.
- Dopamine-responsive dystonia:
 - right-sided jaw, neck, and hip contractions every 3 days
 - dystonic storms with tongue biting and severe shaking
 - brought on by stress and decreased sleep
- Epilepsy:
 - daily myoclonic jerks
 - history of tonic-clonic seizures controlled with lamotrigine and levetiracetam.
- Symptoms worsened during pregnancy. Treated severe dystonic episodes with carbidopa-levodopa inhaler.



Case Summary

- Induced with misoprostol; Initial fetal heart tracing (FHRT) category I.
- At 24 hours: FHRT category II with minimal variability and late decelerations while simultaneously experiencing increased dystonic episodes → Urgent cesarean section.
- Preoperative midazolam for anxiety, single-shot spinal anesthesia administered.
- After spinal administered, upper extremity dystonic movements increased which affected brachial BP monitoring → moved cuff to lower extremity, which had reduced dystonic movements after spinal was administered.
- Following delivery, her dystonic movements increased in severity, disrupting surgical closure prompting treatment with carbidopa-levodopa inhaler. Patient became sedated yet rousable, and dystonic movements ceased.
- Nausea/vomiting prophylaxis optimized (IV fluids, phenylephrine, dexamethasone).

Teaching Points

- Impact of dystonic movements on neuraxial anesthesia, monitors, and surgical conditions
- Requirement for tailored anesthesia and medications to avoid worsening dystonia
- Careful selection of antiemetics (dopaminergic system considerations)
- Importance of stress and sleep management to prevent dystonic and epileptic episodes
- Use of novel medication (carbidopa-levodopa inhaler) for intraoperative dystonic crisis

Avoid Dopamine Antagonists

