

Anesthetic Management in a Second Trimester Pregnant Patient with Decompensated Cirrhosis

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Background

- As treatment of cirrhosis improves in patients of childbearing age, high-risk pregnancy and delivery become more common

Case Presentation

- Patient is a 21-year-old nulliparous female who underwent a successful urgent primary classical cesarean section for preterm labor at 23 weeks and 6 days, with postpartum hemorrhage
- PMH: **decompensated cryptogenic vs autoimmune cirrhosis** diagnosed in 2021, resulting in Grade II esophageal varices s/p banding, abdominal ascites, portal hypertension, previous episode of spontaneous bacterial peritonitis (SBP), pancytopenia, factor VII/IX deficiencies
 - MELD 3.0 score of 14
 - Childs-Pugh Class C
- Other PMH includes celiac disease, asthma, chronic pain disorder with opioid use disorder, complex psychiatric history

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Case Events

- **Antepartum:** Admitted at 22+2 weeks gestation for intractable abdominal and back pain, pain control, pancytopenia, and anxiety/depression
- **Intrapartum:** Preterm labor on day 11, BSUS confirmed breech presentation, proceeded with an urgent cesarean section in main OR
 - TAP blocks in OR
 - Pt w/ indwelling 3-lumen R IJ central line
- **Delivery:** ASA 4 under General Anesthesia, complicated by PPH, requiring multiple blood products, QBL of 1724mL
- **Postpartum:** Transferred in stable condition to PACU then SICU, then to GMB on POD3, discharged in stable condition on POD6
- **Neonatal Course:** Born at 23+6 via classical cs, APGARS 1, 3, 6, critically ill and unstable, died on DOL 11

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Learning Points

- Literature remains limited for outcomes in pregnant patients with decompensated cirrhosis
- Early care coordination with our multidisciplinary high-risk obstetrics team, including Maternal Fetal Medicine, Obstetrics Anesthesia, created a controlled environment in a critical situation
- Proactive obstetric anesthetic planning, regarding the patient's decompensated cirrhosis, coagulopathies, and prior opioid use, facilitated a safe, successful delivery
- Multimodal anesthetic interventions and protocols for obstetric patients with cirrhosis can facilitate better outcomes in high-risk deliveries

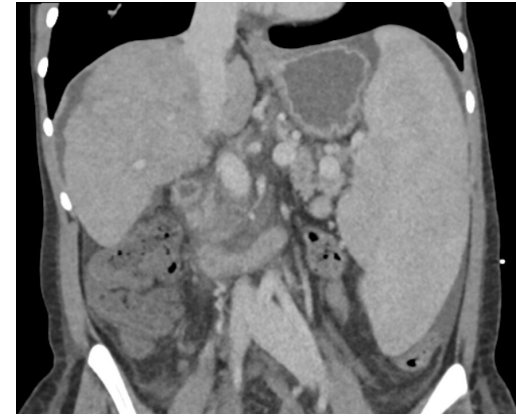


Figure 1. A/P CT on PDD8, coronal view

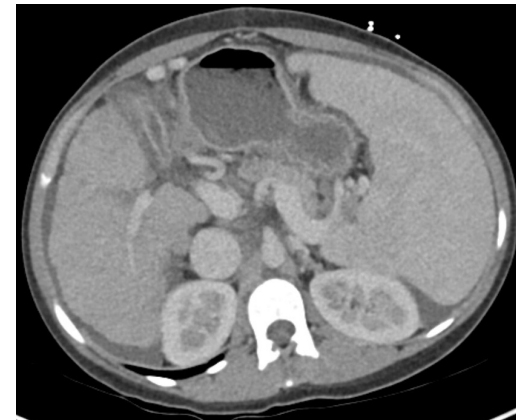


Figure 2. A/P CT on PDD8, axial view