

Over, Under, Around, or Through? Navigating Neuraxial Anesthesia in a Parturient with a Large Lumbar Lipoma

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Background

Although benign, lipomas can complicate neuraxial anesthesia when on the back

Placement through the lipoma can cause epidural lipomatosis¹

Needle stylet can be kept in place until engagement with interspinous ligament to minimize risk²

May require placement above or below common L3-L4 interspace

1. Chacko RS, Thangarasu KP, Annamalai H. Combined spinal epidural overcoming a lumbar lipoma for lower limb both bone fracture. Res Inno in Anesth 2021;6(2):44–45.
2. Saied NN, Helwani M. Successful lumbar epidural catheter placement through a lower back lipoma. Saudi J Anaesth 2013; 7: 83-85.

Case

Patient Characteristics

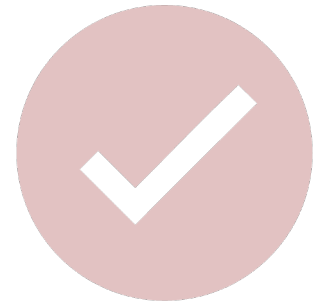
- 41 y.o. G1P0 presented at 39w2d for IOL due to gestational HTN
- PMH: obesity (BMI 44.5)
- Noted to have a large lumbar lipoma
 - Extended from L2 to S1 across nearly the entire width of her back
 - Depth of ~8 cm on ultrasound

Management

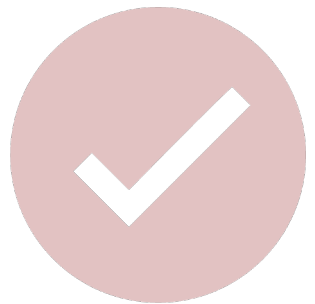
- Ultrasound used to find landmarks
- Epidural placed superior to mass at L1-L2 interspace
- No intentional dural puncture performed
- Patient's pain was well-controlled throughout labor without sacral sparing



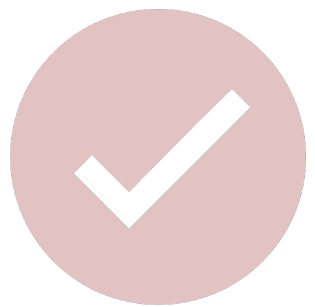
Teaching Points



Radiologic assessment can be helpful



Lipomas do not exclude the use of
neuraxial anesthesia



Risks should be thoroughly discussed
with the patient

