Cesarean Section on a Patient with a Large Mediastinal Mass

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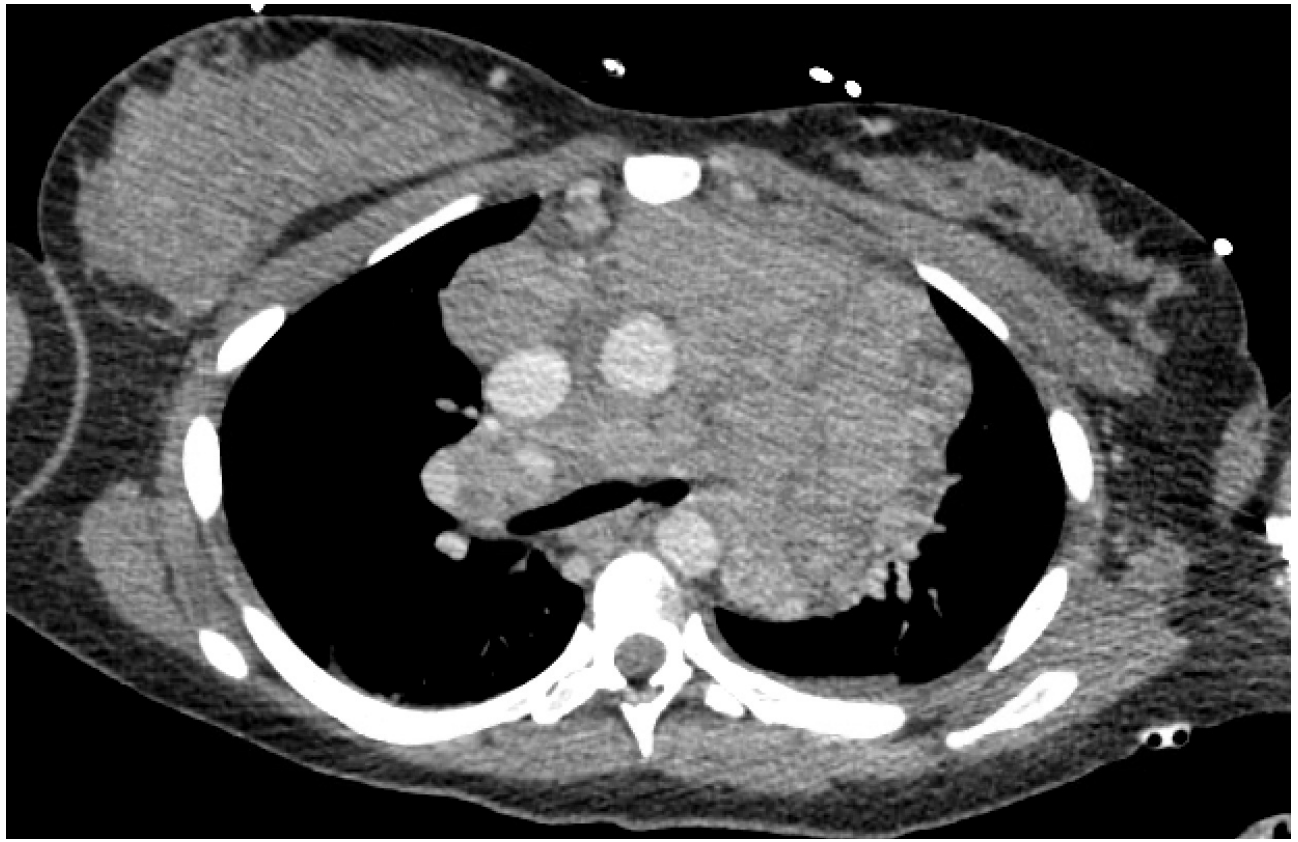
- Background
  - 23-year-old G2P1 at 35.5 weeks gestation presented as a trauma alert s/p multiple GSW to RUE
  - PMH: 12.4 x 10.7 cm anterior mediastinal mass encasing multiple vessels (consistent with lymphoma), anxiety, depression
  - Hospital day 1: Right arm debridement and lavage, ORIF of distal radius, proximal humerus, 3rd metacarpal shaft
    - Regional (right sided supraclavicular and interscalene blocks) + MAC
  - Hospital day 5: multidisciplinary meeting between OB, Anesthesia and CT surgery took place, where it was determined the safest route was to proceed with a planned cesarean section with an epidural
    - SROM that night



Case

Pre-Operative

- 18 g IV x 2, Left sided radial ART line
- Lumbar epidural placed at L3-4
  - Epidural slowly dosed to T6 level up with 15 cc 2% lidocaine + 5 mcg/mL epinephrine, 100 mcg epidural fentanyl
- R femoral CVL and L femoral ART line placed by CT surgery with plans to exchange these with ECMO emergently if needed
- R infraclavicular block placed with 10 cc 0.5% ropivacaine
  - Patient unable to abduct right shoulder and surgeons repeatedly leaning on right arm during case causing patient significant distress

Intra-Operative

- Low dose phenylephrine infusion initiated during case
- After delivery – 3 u bolus of Pitocin + 15 u/hr infusion started
- QBL 305, total fluids 1400 cc crystalloid
- MMPC: 100 mcg epidural fentanyl, 100 mcg IV fentanyl, 3 mg epidural morphine, 15 mg Toradol

Post-Operative

- ~3 hours after epidural morphine administration, patient was in significant distress due to pruritis
  - 50 mg IV Benadryl given without significant improvement
  - PRN Nalbuphine ordered – not available in hospital
- Diagnosed with stage II classic Hodgkin lymphoma
- Discharged on hospital day 14

Discussion

- Cardiovascular disease is leading cause of maternal mortality in the US
- Patient considerations
  - Wanted to labor naturally
  - No safe option for emergency CS
- Considerations for CS in patients with mediastinal masses
  - Epidural vs. SAB vs. general
  - Lower level with neuraxial anesthesia to minimize sympathectomy (L1-T2) and blockade of accessory muscles of respiration
    - Notify OB that they should not exteriorize the uterus
  - Keep patients spontaneously breathing
- Pruritis secondary to neuraxial opioids
  - Treatment options: nalbuphine, naloxone
  - Ondansetron reduces severity of pruritis if given prophylactically
  - Histamine antagonists will have no effect