Too Close for Comfort

Epidural Placement in a Patient with a Gluteal Abscess

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Background:

- Spinal epidural abscess has an incidence < 1:100,000 after neuraxial anesthesia
- May result in nerve compression warranting emergent surgical intervention
- Neuraxial anesthesia avoided in the setting of untreated bacteremia or if infection present at intended site

Case Presentation

Presentation

- 31 yo G4P3 @37w5d presented for monitoring after abnormal ultrasound
- Hx: polysubstance abuse, endocarditis, 3 admissions for drainage of gluteal abscess
- PE: erythematous gluteal lesion; Labs: WBC 23k, UDS +fentanyl

Initial Management

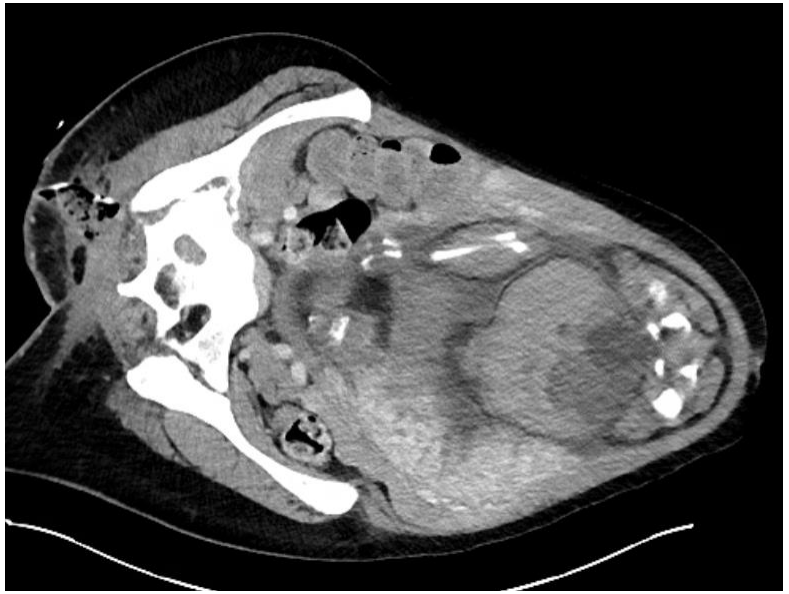
- I&D in OR under GA, >300mL pus drained/cultured
- Broad spectrum antibiotics initiated

Clinical course

- Hospital day 5 pt developed preeclampsia w/ severe features
- Refused IOL without epidural or a cesarean delivery under general anesthesia
- CT scan to evaluate safety of neuraxial anesthesia

Labor course

- Epidural placed at L2/3
- IOL proceeded and resulted in a vaginal delivery
- Epidural catheter promptly removed



Decision to Place Epidural

IOL indicated due to PreE w/ severe features

- SBP >160 more than 4 hours apart

Patient factors

- Refused IOL without epidural or a cesarean delivery under GA

Objective findings

- Patient afebrile
- Leukocytosis resolved
- Cultures sensitive to the 5 days of antibiotics
- CT scan did not show overt infection in lumbar area

Epidural technique

- Dural puncture epidural at the L2/3 interspace

References
PMID: 35133316
PMID: 17093252
PMID: 16431882