Cesarean Delivery in a Patient with Chronic Demyelinating Polyneuropathy

Natalia Adderley MBBS,
Marisela Sandoval MS,
Emily McQuaid-Hanson MD,
Eli Torgeson MD

- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is an autoimmune disorder that is associated with both onset and relapse during pregnancy.
- This disease affects peripheral nerves via macrophage-induced damage to myelin sheaths leading to both strength and sensory deficits
- There are no current guidelines on treatment during pregnancy
- In this presentation we describe the case of a 20 yo G1P0 who presented with progressive neurological symptoms

SCHOOL OF MEDICINE
ANESTHESIOLOGY & CRITICAL CARE MEDICINE

Gestation 23 weeks	Symptoms: headaches and facial weakness	Workup: Neuroimaging,	Bell's Palsy , Gestational Hypertension and Migraines
Gestation 25 weeks	Fall at haome. Urinary Retention, Neck stiffness and severe range blood pressure	Workup: CSF analysis and Nerve conduction studies. CIDP Dx.	Treatment: Corticosteroids, IVIG and Plasmapharesis
Gestation 32 weeks	Pre-eclampsia with severe features	Urgent C-section under General Anesthesia. Post op TAP Blocks	Uneventful post op course. Improvement of symptoms post partum and continued Neurology follow up.
Postpartum	**4 weeks: Discharged from hospital**	**8 weeks: Readmitted for** Intracranial Hypertension requiring VP shunt	**7 months:** Continues Neurology follow up. Significant improvement in weakness.

Discussion

- Initial signs and symptoms of CIDP can mimic other demyelinating diseases such as MS, Guillain-Barre and Myasthenia Gravis
- Diagnostic tests include nerve conduction studies, antibody screening, and CSF analysis
- Treatment includes IV corticosteroids, IVIG, plasma electrophoresis and a multidisciplinary team approach
- Limited data does not indicate that regional anesthesia alters disease course but can prolong weakness. Special considerations should be taken for patients with significant pulmonary compromise
- As will all CNS compromised patients, extensive planning and avoidance of depolarizing neuromuscular blockers are considered best practices