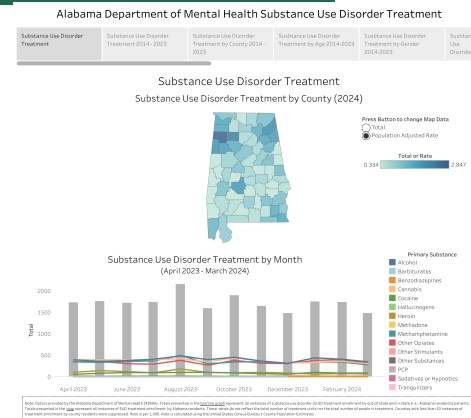


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- In Alabama, 2.85% of individuals were treated for substance abuse disorders in 2023-2024, with approximately 100 monthly cases involving cocaine use.<sup>(1)</sup>
- Cocaine use during pregnancy can lead to preterm birth, placental complications, fetal growth issues, cardiac arrhythmias, acute myocardial ischemia, and vasopressor resistant hypotension under anesthesia. <sup>(2)(3)</sup>
- Inadvertent administration of beta-blocker in undiagnosed cases to treat arrhythmias, may result in severe cardiac events.



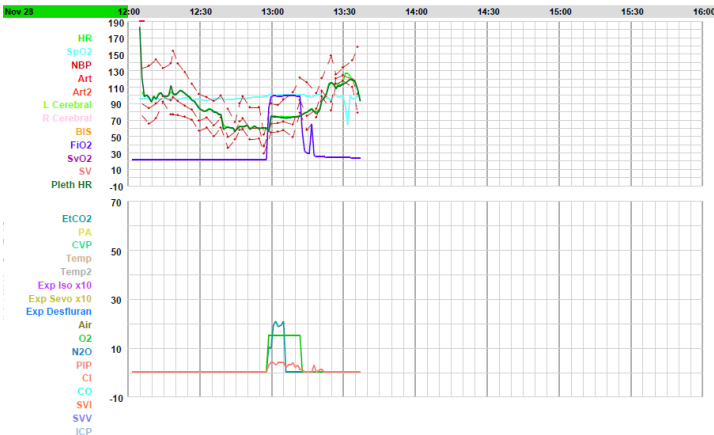
1)Crowley CM, Botros K, Heazay IF, O'Donnell JH. Uterine diaphraghs: diagnosis, management and pregnancy outcome. *BMJ Case Rep*. 2021 Mar 29;14(3):e242233. doi: 10.1136/bcr-2021-242233. PMID: 33787048. PMID: PMC8009243. 2)Chauhan V, Dayalprakash S, Samora J, Thornton JG, Reine-Ferris JN, Coomarasamy A. The prevalence of congenital uterine anomalies in unselected and high-risk populations: a systematic review. *Hum Reprod Update*. 2011 Nov-Dec; 17(6):761-769. doi: 10.1093/humupd/dmr028. Epub 2011 Jun 24. PMID: 21705770. PMID: PMC3191936. 3)Passos IMPE, Britto RL. Diagnosis and treatment of müllerian malformations. *Taiwan J Obstet Gynecol*. 2020 Mar;59(2):183-188. doi: 10.1016/j.tog.2020.01.003. PMID: 32127135. 4) <https://pubs.alabama.gov/treatment.html> 5) UpToDate. UpToDate.com. Published 2025. Accessed April 8, 2025. [https://www.upToDate.com/contents/cocaine-acute-intoxication?search=management%20of%20cocaine%20intoxication%20%20&source=search\\_result&selectedTitle=1%7E49&usage\\_type=default&hi=](https://www.upToDate.com/contents/cocaine-acute-intoxication?search=management%20of%20cocaine%20intoxication%20%20&source=search_result&selectedTitle=1%7E49&usage_type=default&hi=)

## Case Events

- 36 y.o. P3124 at 23w gestation unknown pmhx presented with vaginal bleeding and abdominal pain.
- BP 179/113, HR 66, RR 20, SPO2 100%, lower extremity edema, and fetal HR with prolonged deceleration to 80
- Expedited C/S given the pt.'s vital signs and deceleration to 80 in baby.
- Subarachnoid block in the right lateral position, 12 mg of hyperbaric bupivacaine, 15 mcg fentanyl, 100mcg morphine
- Intraoperatively hypotensive phenylephrine infusion at 1.5mcg/kg/min f/b HTN, tachycardia, ST elevation with normal Bedside POCUS exam. Additionally, agitation with adequate pain relief after birth of the baby treated with 5 mg of Labetolol and 2 mg of Midazolam.
- Determined that the patient suffered from placental abruption, EBL 1.5 Liters, transfused 1 unit of pRBCs and 250 cc of albumin.

In PACU pt disclosed that she had used cocaine within 2 hours prior to arrival to the hospital

- Cardiology consulted, Pt remained hypertensive and was treated with 10 mg of Nifedipine Regular Release and 30 mg extended release. Troponin 1406 and were not trended due to patient leaving AMA. Patients chest pain subsided. Could not be followed up.



- Teaching Points
  - Anesthetic management in cases of cocaine intoxication is challenging due to overlapping symptoms with hypertensive disorders in pregnancy.
  - Drug screening may not be feasible in the setting of an emergency.
  - Clinical suspicion is crucial, patients may exhibit combative behavior, altered pain perception, thrombocytopenia, and ephedrine- resistant hypotension during regional anesthesia.
  - Management involves administering supplemental oxygen as needed, treat refractory hypertension, obtain EKG, do not administer a beta blocker, and treat agitation with a benzodiazepine. <sup>(5)</sup>