ANESTHETIC CONSIDERATIONS OF ANTERIOR MEDIASTINAL MASS IN THE PERIPARTUM PERIOD

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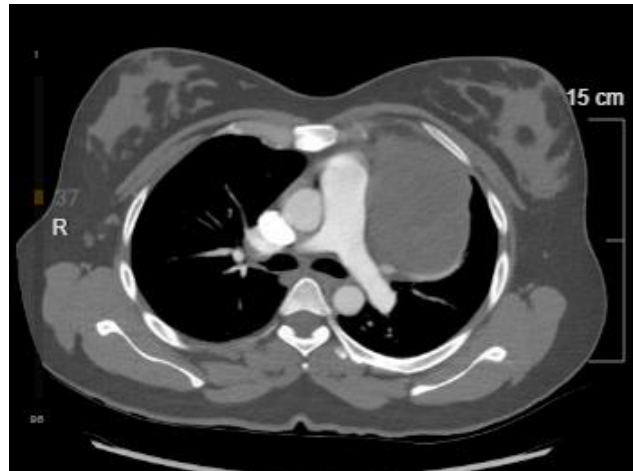
- Symptomatic anterior mediastinal mass in pregnancy is rare

- High risk for significant anesthetic complications
  - Cardiopulmonary collapse, Airway difficulties, SVC syndrome

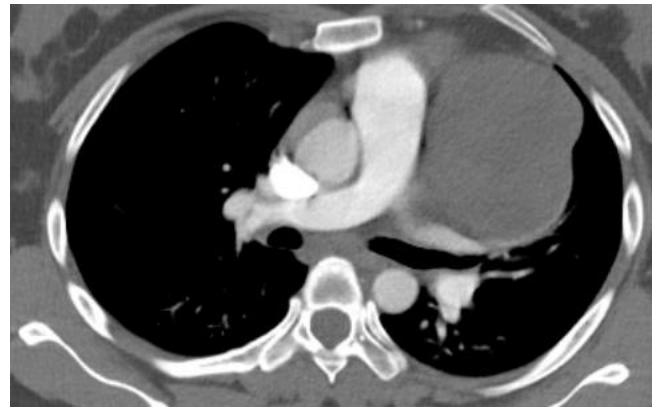
- Patient management requires a thorough understanding of the pathophysiological changes caused by not only pregnancy but also the mediastinal mass
  - Thorough history and preoperative testing
  - Emergency equipment available in the room



Case

- 30 YO G4P2012 @34w2d presents for acute onset SOB and chest pain
  - Vitals stable on room air, CTA negative for PE but positive for large left anterior mediastinal mass.
  - Pt admitted to high-risk OB service.
  - Biopsy reveled a pulmonary blastoma

- Pt underwent C-section delivery under Neuraxial anesthesia
  - Why was neuraxial anesthesia chosen over general?
  - Special equipment needed in the OR?
  - Appropriate monitors?



Considerations/Discussion

- In the third trimester, the optimal management of pulmonary blastoma consists of delivery by caesarean section.
- Success of relies heavily on multidisciplinary planning and preparedness for general anesthesia
- Neuraxial > GETA in terms of risk to patient and healthcare team
  - GA can worsen severe airway and vascular compression.
- CSEA is a safe alternative in these patients

1. Budzik MP. Et al. (2022) BMC Pulm Med: 4;22(1):8
2. Bevinaguddaiah Y. et al. (2014) Saudi J Anaesth: 8(4):556-8

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