

Pregnancy in Goldenhar Syndrome

Potential for Both Difficult Airway and Difficult Neuraxial Anesthesia

Kaylea Gunn MD, Neva Lemoine MD, Kait Brennan DO MPH, Laura Sorabella MD



Background:

- Oculo-auriculo-vertebral spectrum
- Inappropriate development of first & second branchial arches
- Sporadic, unilateral, head and neck, vertebrae
- Airway
- No treatment; many patients undergo surgeries to correct craniofacial abnormalities

Other organs affected:

Heart

Lungs

Kidneys

CNS/PNS

Case Presentation



Presentation

- A 27-year-old G1P0 at 17w0d
- PMH of asthma and Goldenhar Syndrome
- PE: Cleft lip, right ear atresia, micrognathia, lumbar scoliosis, significant torticollis, BMI 39.4, 60 inches tall

Anesthetic History

- Previously documented difficult airway; awake fiberoptic

Pregnancy Course

- Velamentous cord insertion
- HFrEF (LVEF 45-55%)
- Started on Metoprolol

Delivery

- Primary cesarean delivery at 39w0d
- CSE with 7.5mg 0.75% bupivacaine, 15mcg fentanyl, and 150mcg morphine
- No diuresis required postpartum



Clinical Considerations



Risk factors for difficult airway

- Hx of documented difficult airway
- Torticollis
- Micrognathia s/p jaw lengthening surgery

Risk factors for difficult neuraxial anesthesia

- Known scoliosis
- Hemivertebrae

Multidisciplinary approach

- Early discussions with all involved clinical teams
- Back-up plans for both difficult neuraxial and difficult airway
- Avoid emergency delivery

References

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