Labor Epidural in Patient with Migrating Polymer from Buttock Implants: A Case Report

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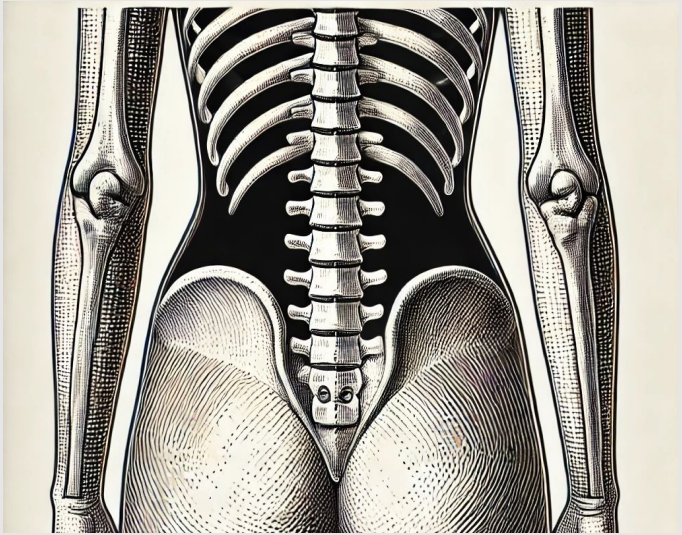

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Background

- The prevalence of cosmetic procedures, such as gluteal augmentation, has increased significantly in recent years
- The growing use of unregulated foreign materials has contributed to an increasing number of adverse outcomes and complications
- Migration of these substances to the lumbosacral region may limit the provision of neuraxial anesthesia during pregnancy
- We report a case of neuraxial placement in a patient with biopolymer gluteal injections complicated by cephalad migration

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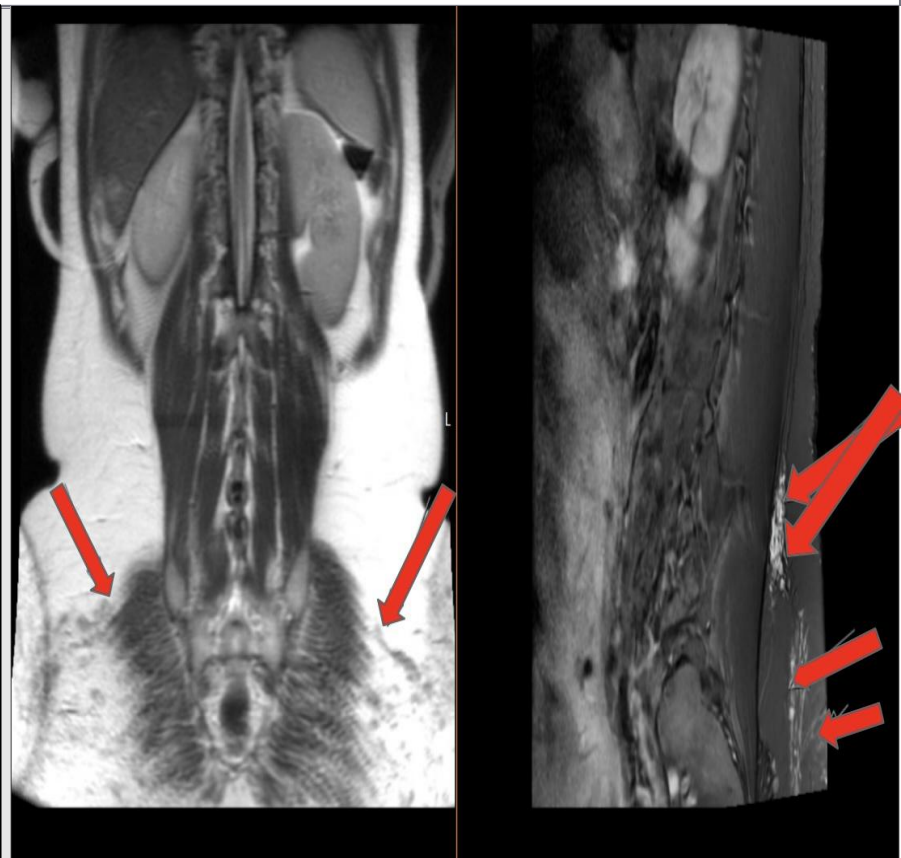
Case

- 32yo, G1P0, presented to the L&D unit in early labor after SROM.
- **Hx:** Biopolymer gluteal injections (14 years prior)
- Previous lumbar spine MRI noted migration of the injectate material towards the coccyx (7 years ago)
- Repeat lumbar spine MRI without contrast (26 weeks) showed nodularity of the subcutaneous soft tissue seen at the lumbosacral junction
    - Indicative of biopolymer substance spread terminating at L5-S1.
- An L2-L3 lumbar epidural was placed uneventfully
- No neuraxial procedure related complications during her six-week postpartum visit.



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Conclusion

- **Biopolymers are inert synthetic substances derived from silicone** which are widely used to increase tissue size in areas of interest even though banned in the US
- **Cephalad migration** of this substance to the lumbosacral region should be considered in parturient management, **given the potential need for neuraxial anesthesia.**
- Neuraxial translocation may cause **sensory and motor nerve injuries due to an inflammatory response and toxicity**
- **MRI** is the preferred study for assessing infiltration and migration. Utilization of CT and US has also been reported
- **Given the implications for neuraxial anesthesia**, obstetric and anesthesia providers must maintain awareness of the potential cephalad migration of gluteal implants and **proactively obtain relevant procedural h**

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