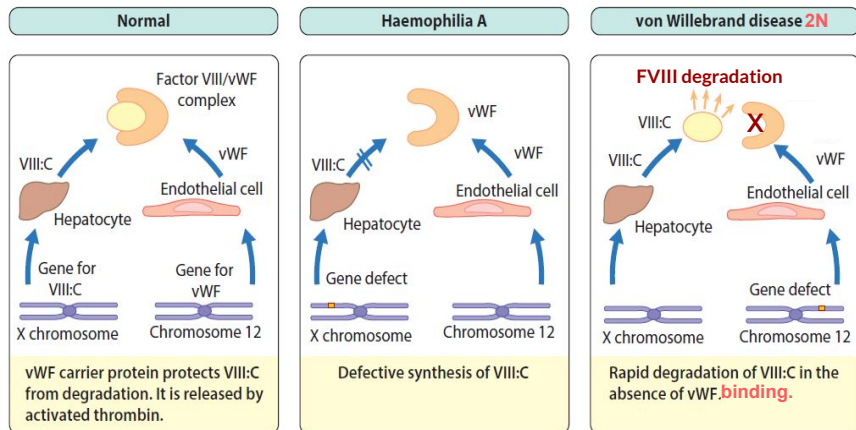


Neuraxial Analgesia in Type 2N Von Willebrand's Disease: A Case Report

Introduction to Case

Von Willebrand Disease Type 2N



Modified from Textbook of Paediatrics, 4th Ed.

Autosomal recessive disorder

Estimated 1-10% of all VWD cases

Treatment: VWF-FVIII concentrates: Humate-P, Alphanate, Wilate
Temporizing: DDAVP, FVIII infusion

Patient case

23 y.o. female **G2P0** with a history of **Type 2N VWD**, presenting with **vaginal bleeding** at 28w6d.

Q: Safety of **neuraxial analgesia** for labor & delivery?

Obstetric history: G2P0

- G1 (2022): medical abortion, D&C
- G2 (present): vaginal bleeding at 26w4d with FVIII level 17%

Hematologic history:

- Diagnosed at age 14
- +: Heavy menstruation, prolonged bleeding, muscle hematoma
- Ppx: Alphanate, VWF-FVIII concentrate, DDAVP

Surgical history: Dental procedures, D&C

Anesthetic history: Non-contributive

Physical exam:

Mallampati: 2
Mandibular protrusion: 1
Spine deviation ~1 cm from midline

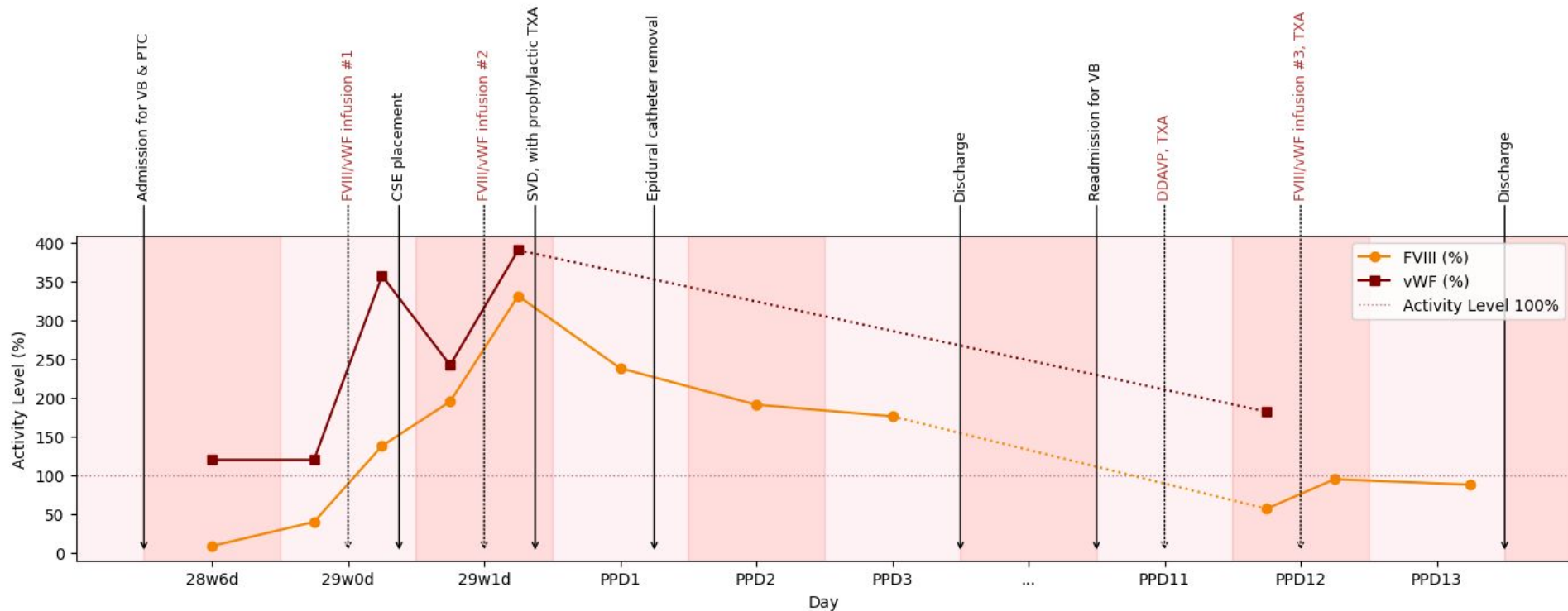
Weight: 5'6" | Height: 150 lbs
BMI 24.2 kg/m²

Notable labs:

Hct: 33
Plt Ct: 233
PTT: 45.7 s [25.0 - 36.5]
Factor VIII: 9% [50-200]
VWF Activity: 120% [50-200]
TEG: R-value 8.7 s [nl non-pregnant 4.6-9.1]

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Hospital Course



Peripartum Factor VIII and vWF Levels

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Discussion

Challenge: Safe NA management in a Type 2N vWD patient with active bleeding and impending preterm delivery.

Treatment Approach:

Pre-treatment: Humate-P (50 IU/kg) → FVIII >100%, vWF >300%

Guidance by TEG for real-time coagulation status

Safe NA placement (combined spinal-epidural) with FVIII >100%

Outcomes & Complications

- **Successful preterm vaginal delivery**
- **Delayed postpartum bleeding** → Readmission, FVIII ↓ 57%



Summary of recommendations

1. Monitor **VWF and FVIII levels** in third trimester.
2. **Multidisciplinary approach** with hematology, MFM, and OB Anesthesia.
3. Factor replacement for **target levels >50%** for neuraxial placement and labor & delivery.
4. Early epidural placement, with neuraxial ultrasound as needed.
5. Close **postpartum follow-up** and factor replacement as needed.