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Anesthesia for an OB Patient with a Left Gluteal Abscess

Introduction: Needed surgery during pregnancy is ideally scheduled during the second trimester to avoid potential first trimester fetal developmental problems and third trimester preterm labor. However, pregnant patients should not be denied of medically necessary surgery. Neuraxial techniques avoid fetal drug exposure and potential difficult intubation, and provide good postoperative pain control. Pregnant patients can have a higher risk for difficult intubation due to airway edema and higher Mallampati score.

Case: The patient is a 24 years old G5P4 33w1d pregnant who was scheduled for an urgent I&D of a gluteal abscess in the OR. Past medical history included housing instability, anemia, and HSV infection. Patient received ceftriaxone and a bedside I&D under sedation and local. MRI demonstrated a 3.3cm complex interconnected fluid collection throughout the subcutaneous tissue, fat, and left gluteus.

A neuraxial technique was not performed due to the extent of the gluteal abscess and concern for seeding of the neuraxial space. The airway exam was reassuring, and general anesthesia was planned. RSI was accomplished with midazolam, fentanyl, lidocaine, propofol, and succinylcholine. This patient's airway was secured using a MAC 3 blade and a 7.0 ETT. The lithotomy position was chosen with left uterine displacement. The patient remained hemodynamically stable and was successfully extubated in the OR. Fetal heart rate assessed preoperatively and postoperatively.

Discussion: While neuraxial techniques can avoid many issues associated with a pregnant patient requiring surgery, sometimes other factors make the risk of neuroaxial anesthesia exceed the risk of general anesthesia; thus careful evaluation of the airway in this patient population is critical.

Conclusion: Even though a neuraxial technique was not per A thorough preoperative evaluation identifying difficult intubation risk was important in pregnant patient as back up airway techniques may be required.