A case of the management of an achondroplastic pregnant woman

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Objective

The present case presentation aimed to describe obstetric and anesthetic management of the achondroplastic pregnant who were followed in our clinic with a multidisciplinary care team.

Methods

Antenatal and postnatal records of the achondroplastic pregnant were reviewed retrospectively.

Results

A 25 year old primigravid with achondroplasia were admitted high risk pregnancy outpatient clinic for routine obstetric care in 9 th gestational week. She was 106 cm tall and 53 kg with a body mass index of 47, 1 kg/m2. Her past medical history was unremarkable. She was referred to the department of pulmonary medicine and cardiology. She had no neurological or musculoskeletal symptoms. Her partner was also achondroplastic. Detailed counseling were given to patient and her parent about the risks of premature delivery, maternal respiratory compromise, perioperative mechanical ventilation and possible maternal or fetal complications in the setting of an unscheduled urgent cesarean delivery. She referred to department of anesthesia due to possibility of unscheduled urgent cesarean delivery at 28 th week of pregnancy. On anesthetic examination, she had short extremities with a normally sized head and neck. And she had no severe kyphoscoliotic deformity of the thoracolumbar spine. She was breathing comfortably. Her airway was assessed as a Mallampati II, and her thyromandibular distance was 4 cm. She was counseled extensively about the anesthetic difficulty, possible general anesthesia necessity and postoperative intensive care requirement. And elective cesarean section was planned due to cephalopelvic disproportion at 38 th week of pregnancy. Although the technical difficulties due to the spinal abnormalities we were considered to perform combined spinal-epidural anesthesia. APGAR score 9/10, 2640 g, 49 cm female infant were delivered. Maternal and neonatal post-operative follow-up showed no complications; the patient and neonate was discharged from hospital 3 day post surgery.

Conclusion

Although existence of case series in the literature, there is insufficient evidence about the obstetric and anesthesic management of achondroplastic pregnants. The obstetric and perioperative management should be carried out by a multidisciplinary care team that involved obstetricians, anesthesiologist, pulmonologist, cardiologist and neonatologist.