Objective: Spinal and epidural blocks are widely used for cesarean section. Cauda Equina Syndrome (CES) rarely occurs, but is a serious and potentially catastrophic disorder that can arise after neuraxial anesthesia. Clinical presentation depends on the degree of compression of the filum terminale. Urological symptoms are the most frequent ones, including the sensation of incomplete emptying of the bladder, incontinence and painful urinary retention with sphincter malfunction. After these symptoms, low back pain with sciatica and sensitive disturbances in the perineal area are the most common ones. We describe a rare case of CES after attempted difficult spinal anesthesia (SA) for cesarean section.

Methods: Study of a clinical case of CES after spinal anesthesia at the Hospital Divino Espírito Santo (HDES) in Ponta Delgada, Portugal.

Case Description/Results: A 33-year-old pregnant woman with 36 weeks gestation and known history of a dead fetus at 25 weeks due to HELLP Syndrome was admitted for monitoring of Maternal-Fetal well-being, due to deceleration of fetal growth, decreased fetal movements and uterine contractility. She had been medicated with enoxaparin 40mg and acetyl-salicylic acid 100mg during pregnancy. At 37 weeks of pregnancy a cesarean section was decided, under sequential block, because of fetal distress. A newborn male was born, weighing 2980g and Apgar Index 9/10. In D2 postoperative, the patient complained of weakness of the left lower limb, limitation of right hallux flexion, L4-L5 hyposthesia bilaterally, more pronounced on the left leg and abolition of osteotendinous reflexes was observed. It was also noticed hyposthesia in the vulvar and perianal region accompanied by urinary retention and fecal incontinence. Neurology collaboration was requested and she had magnetic resonance imaging (MRI) of the lumbar spine, which excluded the presence of hematoma or other spinal cord injuries. In D12, intravenous corticosteroid therapy and rehabilitation was started after a multidisciplinary meeting decision that involved Anesthesia, Neurology and Physiatry. A gradual improvement of paresthesias and urinary and fecal incontinence in the days that followed, was noted. In D21, she was discharged with a follow up appointment on Physiatry, Neurology and Anesthesia and Rehabilitation in Physiotherapy.

Conclusion: Pregnancies complicated by PE are associated with a worse prognosis for mother and child, hence it is important to be aware of the many complications that may arise. Most patients with retinal detachment in pregnancy-induced hypertension have full spontaneous resolution within a few weeks without any long-term complications. Medical treatment with antihypertensive drugs and steroids may be helpful.