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Original Research Paper

Medical Science

SPINAL ANAESTHESIA FOR CAESAREAN SECTION IN A PATIENT WITH ANKYLOSING SPONDYLITIS

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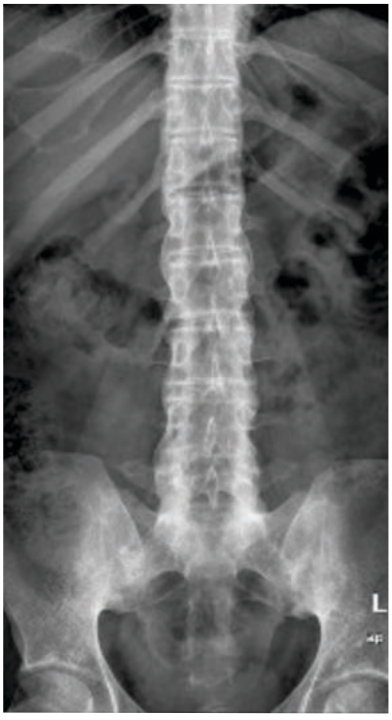
KEYWORDS :

INTRODUCTION:

Ankylosing spondylitis (AS) is a chronic inflammatory disease and usually neuraxial anaesthesia is difficult to achieve in patients with ankylosing spondylitis. General anaesthesia might also be challenging due to a difficult airway in these patients.

Case Report:

We present anaesthetic management of a 31-year old parturient at 37 weeks gestation with a 8 year history of ankylosing spondylitis. She was scheduled for an elective caesarean delivery. Spinal anaesthesia was administered using a 22-gauge Quincke spinal needle with 1.8 mL of 0.5% heavy bupivacaine plus 10 microgram of fentanyl at the L3-4 interspace in the left lateral position through the paramedian approach after the median approach failed. Adequate sensory and motor blockade were achieved. Intraoperative period was uneventful and she was transferred to PACU after the surgery. She was discharged home on the 3rd postoperative day .



DISCUSSION:

The anaesthesiologist should give attention to four main aspects: degree of upper airways involvement, presence of pulmonary restriction, degree of cardiac involvement, and access to the neuroaxis. The presence of ossification in the interspinous ligament would suggest better success by a paramedian approach. Although pregnant women with AS carry the pregnancy to term and have normal delivery, several disease manifestations can also interfere with pregnancy and labour.

CONCLUSION:

Spinal anaesthesia can be safely attempted and used as an alternative to general anaesthesia in patients with ankylosing spondylitis. Neuraxial techniques should not be regarded as unachievable ; however, all necessary precautions should be taken to avoid complications and facilities to secure the airway should be available.

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