

bypass grafting: case report. *J Neurol Neurosurg Psychiatry* 2002;72(3):394–395

### A036 Anesthesia Challenges in Pregnant Lady with Traumatic Brain Injury: Report of Two Cases

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**Introduction:** Trauma is the commonest nonobstetrical cause of death in females, complicating approximately 6 to 7% of all pregnancies. The common etiology for trauma in pregnancy is motor vehicle accidents, falls, violent assaults, and burn injuries. Management of these patients poses a lot of challenges to anesthesiologists, neurosurgeons, and obstetricians as two lives are involved.

**Methodology/Description:** We describe successful anesthesia management and maternal and fetal outcome of two patients admitted with neurotrauma, sustained after fall from Mumbai local train. The first was a 26-year-old lady, 36 weeks pregnant with acute right temporoparietal extradural hematoma diagnosed on computed tomography (CT) scan with Glasgow Coma Scale (GCS) 15/15, operated under general anesthesia. She was extubated postoperatively and discharged after 5 days. After a week of discharge, she delivered a baby boy without any abnormality. Another pregnant female, 29 years old, came with head injury. CT scan showed depressed right parietal skull bone fracture with brain contusion. She was admitted with GCS 12/15 and 18 weeks gestation on USG with viable fetus and underwent decompression craniotomy under general anesthesia. Postoperatively, she required ventilatory support for prolong time and delivered 1.4 kg premature baby at 32 weeks of gestation. She showed no neurological improvement and succumbed to death after 6 months of hospital stay. Our aim to report these cases is to assess, how timely multifaceted intervention in pregnant lady with post-traumatic brain injury can affect the outcome.

**Conclusion:** The management of trauma in pregnancy requires a multidisciplinary approach so that maternal and fetal condition is optimized timely, managed appropriately and judiciously to achieve best outcome.

**Keywords:** traumatic brain injury, Pregnancy, anesthesia

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### A037 Anesthesia for Surgical Decompression of Pott's Spine in Pregnancy with Lung Isolation Technique: An Interesting Case Report

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**Introduction:** Spinal tuberculosis (Pott's disease) during pregnancy is reported to be rare and can be associated with destruction of the intervertebral disc and adjacent vertebrae that can lead to cord compression and thereby paraplegia or quadriplegia. Awareness of signs and suitable investigations may be delayed due to pregnancy, as patient and clinician may attribute these to the gravid state. Timely surgical decompression can lead to favorable prognosis and good outcome of pregnancy. It can be a diagnostic and therapeutic challenge to successfully maintain the balance between the physiological demands of the mother and the fetus during anesthesia and surgery. The existing literature is limited and inconclusive regarding general anesthesia using double lumen endotracheal tube with lung isolation technique in the surgical decompression of Pott's spine during pregnancy.

**Methodology/Description:** Our patient was 26 weeks primigravida with D3-D5 Pott's spine with paraparesis who underwent D4 corpectomy with D3–D5 fusion through transaxillary transthoracic approach. We describe the successful management of this patient in the left lateral position under general anesthesia with one lung ventilation with due maintenance of hemodynamic stability and oxygenation of the mother and fetus.

**Conclusion:** Our case demonstrates that surgery for Pott's spine can be safely performed through transthoracic approach with single lung ventilation technique thorough monitoring of oxygenation, ventilation, acid–base balance, and hemodynamics of the mother and fetus.

**Keywords:** Pott's spine, pregnancy, one lung anesthesia

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### A038 Assessment of Changes in Endotracheal Tube Cuff Pressure during Anterior Cervical Spine Surgery and its Postoperative Effects: A Prospective Observational Study

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**Introduction:** During anterior cervical spine surgeries, retraction applied can increase endotracheal tube (ETT) cuff pressure causing complications.

**Methodology/Description:** Ethical committee approval and patient consent was obtained. Twenty patients, 18