Intracerebral Haemorrhage in early Pregnancy

A high-risk pregnancy and complex delivery in a non-obstetric hospital.

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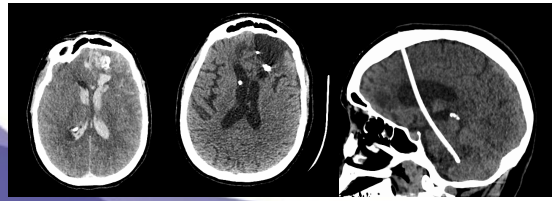
Introduction

Antenatal intracerebral haemorrhage (ICH) is an infrequent but serious problem.[1,2] We present a case of a catastrophic spontaneous ICH in the 14th week of pregnancy. We discuss the management of a pregnancy with a tracheostomy, persistently low maternal Glasgow Coma Scale (GCS), and delivery at 34 weeks in a non-obstetric hospital.

Case Report

37-year-old gravida 9 (para 4+4) presented at 14 weeks gestation with an acute headache and reduced GCS, while on holidays abroad.

- **CT and CTA** – ruptured left temporal lobe AVM.
- **Craniotomy -** clipping of aneurysm, AVM repair , EVD Post-operative GCS 911/15
- **Tracheostomy**
- **Repatriated** to Ireland



- **Complications:**
  - GDM, persistent sinus tachycardia, PUA
  - Recurrent UTIs, MSSA, H.influenza, VRE
  - Anaemia, Developing contractures
- **MDT - Obs, Anaesthetics, Neurosurgery, Paeds.**
  - PPH protocols, neonatal resuscitation.
  - 'PPH kit with guidelines', Pre-Op Assessment
- **Delivery – healthy 1.75kg infant – LSCS at 33+6/40**
  - GA, Sevoflurane via tracheostomy.
  - Bilateral transverse abdominal plane (TAP) blocks,
  - Baby discharged home. Our patient decannulated.
- Currently undergoing intensi**ve neurorehabilitation.**

Discussion

- Repatriation to an Irish hospital
- Obstetric Pt in a non-obstetric neurocritical centre
- Training of non-obstetric staff in peri-natal resuscitation
- Extensive MDT involvement
- Limited data on tracheostomy during pregnancy.

Conclusion

- Few case reports of tracheostomy formation during pregnancy. In cases described it is usually immediately followed by the emergent delivery of a viable foetus.
- As the maternal age advances, complex deliveries as described will increase.
- This case highlights the difficulty in caring for a complex neurosurgical patients in a non obstetric hospital.
- Successful delivery of a healthy viable foetus at 34weeks despite a significant operative insult, prolonged low maternal GCS and prolonged stay in ICU.
- Obstetric Guidelines for delivery in a non-obstetric hospital were developed. [3]

References

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