Neuraxial anesthesia in pregnant women with low platelet counts

I read with interest the article by Raft et al. [1] reporting on a pregnant woman with hereditary macrothrombocytopenia (platelet count of 63,000 per mm³) who received an uneventful continuous epidural analgesia for labor and vaginal delivery. Interestingly, at the University of California, San Diego we recently encountered a parturient with immune thrombocytopenic purpura and platelet count of 26,000 per mm³ unknown preoperatively, who presented in labor and received "inadvertent"—(miscommunication at the junior level of anesthesia and obstetric trainees)—administration of epidural labor analgesia for vaginal delivery [2]. The patient denied any medical problems including bleeding disorders. Her physical examination was normal, and specifically negative for any evidence of abnormal hemostasis. Due to the fast labor progression, and no apparent contraindications the decision was made to proceed with an epidural catheter placement without waiting for a platelet count, which is consistent with the current guidelines for obstetrical anesthesia in the United States [3]. However, at the time of securing the epidural catheter (uneventful placement) with transparent dressing it was noted, that the skin puncture side continued to bleed. The bleeding ceased spontaneously after 5–6 min. At that time laboratory results became available documenting platelet count of 26,000 per mm³. Upon detailed questioning the patient recalled "some problems" with her blood clotting 10 years ago. Throughout her labor and postpartum, neurological examinations were conducted every hour and remained normal. Following epidural catheter removal the patient experienced significant bleeding from the epidural catheter placement site, which was controlled with a pressure gauze pack. Her platelet count increased to 50,000 per mm³ following intravenous therapy with dexamethasone. She was discharged home 3 days later.

We believe that increased platelet activity usually associated with thrombocytopenia prevented major hematological complication (epidural hematoma) in our patient [1,4].

References


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Available online 29 March 2006