ANAESTHETIC MANAGEMENT OF A 24 WEEK PREGNANT POLYTRAUMATIZED PATIENT UNDERGOING AN EMERGENT CRANIOTOMY WITH PREMATURE BIRTH THREAT

C. Plaza Valiente, R. Diaz Jover, N. Guadalupe Fernandez, D. Garcia Lopez, D. Toral Fernandez, M. V. Moral Garcia

Department of Anesthesia, Critical Care and Pain Medicine, Hospital de la Santa Creu i Sant Pau. Barcelona (Spain)

Case report

28year-old woman in her 24th week of gestation suffered a severe traumatic brain injury (TBI) and the CT showed an epidural hematoma and an active arterial bleeding in the oral cavity. An emergent craniotomy was performed and then otorhinolaryngology stopped the arterial bleeding due to left sphenoid sinus lesion. Fetal cardiotocography was monitored continuously by an obstetrician.

Discussion

- Stabilization and care of the pregnant women is the **priority**
- If the fetus is viable (>23 weeks) a continuous fetal heart rate and uterine contraction monitoring must be done
- If a pregnant patient presents a premature birth threat under the 24th week of gestation, tocolytic drugs must be started. Also pulmonary maturation and neuroprotection