

## **PO 7 - MATERNOFETAL ANESTHESIA, A CHALLENGE FOR ANESTHESIOLOGISTS: SELECTIVE PREGNANCY INTERRUPTION**

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We are achieving a new era in anesthesiology, with advances in prenatal diagnosis and high resolution of ultrasound, it's possible to intervene early in fetal abnormalities. Maternal and fetal anesthetic management is tailored to the fetal intervention and the underlying health of the fetus and mother.<sup>1,2</sup>

We present a case report of a healthy 22-year-old woman, nulligravid, carrying a surveilled monochorionic diamniotic pregnancy, in which was diagnosed a feto-fetal transfusion and a selective growth restriction. The bigger fetus was also diagnosed with schizencephaly and corpus callosum hypoplasia. The aim of the procedure was stated with obstetrics. A true relaxation of the healthy fetus was promoted with a mixture containing rocuronium (2,5mg/kg), atropine (20mcg/kg) and fentanyl (10mcg/kg), to allow bipolar electrocoagulation of the umbilical cord in order to occlude it and to conduct the feticide of the other fetus by injecting lidocaine 2%. As the risk of affecting the healthy fetus was significant, we decided to perform a c-section immediately after the procedure under sequential anesthesia. A total of 25mg of ephedrine and 200mcg of phenylephrine were administered to the mother due to hemodynamic instability, which resolved after delivery. The 1st female sibling, stillborn, weighed 2035g and the 2nd female sibling, born alive, weighed 1320g with an Apgar score of 8-9-10 and was admitted to the intermediate intensive care unit after delivery.

Selective termination in monochorionic twins with a discordant fetal abnormality is particularly challenging because of the risk to the healthy fetus through placental vascular anastomoses. Therefore, it is of great importance the correct administration and immobilization during the procedure.

References:

1 - Curr Opin Anaesthesiol. 2020 Jun;33(3):368-373;

2 - Royal College of Obstetricians and Gynaecologists; Termination of Pregnancy for fetal Abnormality in England, Scotland and Wales; May 2010.



