O06 Emergency Cesarean Section in a Patient with Hyperthyroidism – Case Report

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Background: Hyperthyroidism occurs in about 0.2 % of pregnancies (Obstet Gynecol 2001 98:879). Usually, the disease is medically controlled at the time of delivery to provide symptomatic relief for the mother, and to reduce the risk of thyroid storm postpartum. The anesthetic management of the hyperthyroid patient must take into consideration the metabolic changes in the mother, the effects of both hyperthyroidism and anti-thyroid medication on the fetus. Regional or general anesthesia can be performed safely depending on the clinical situation.

Report of a case: A case of 36-year-old female gravida 5 para 1 abortion 3 who was admitted with labor at 28 weeks gestation with twin. She had a history of Graves disease and thyrotoxicosis antedating the pregnancy. The symptoms had been well controlled on PTU but two weeks before admission to hospital she had stopped taking the medication due to euthyroidism. The tocolysis was failed due to fetal bradycardia. Then, an emergency cesarean section was scheduled. At the time of induction of anesthesia the mother was tachycardia, hypertension and hyperventilation with rate 35/min. A baseline arterial blood gas showed pH 7.51, PaO2 66.1 mmHg, PaCO2 23.6 mmHg, and SpO2 93% in room air. The heart rate was controlled with labetalol. Spinal anesthesia was performed initially with invasive monitoring. The course of operation was smoothly until the two babies were delivered. But then the patient became anxious, irritable with worsening hyperventilation. General anesthesia was performed. After the procedure the patient was sent to surgical intensive care unit for mechanical ventilation support and further care. The postoperative blood test suggested her thyroid function was elevated. She was treated with anti-thyroid medication and later that day she became conscious and her trachea was extubated. The rest of her hospital course was uneventful and she was discharged after one week.

Conclusion: Patient with hyperthyroidism remain at risk from thyroid postpartum. Invasive monitoring and high dependency care may therefore be appropriate in this case. Monitoring of fluid, electrolyte balance and thyroid status is also mandatory.

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