

an even rarer complication of epidural anesthesia.- We present a case of complete neuraxial block that occurred after a lidocaine bolus delivered via a previously normally functioning epidural catheter for conversion to surgical anesthesia during an emergency cesarean section.

Case Description:

28 year old G4P2 at 39 weeks and 1 day gestation admitted for trial of labor after Caesarean section.

152 cm, 96 kg, 42 BMI

Chronic hypertension, obesity

Prior STAT Caesarean section under general anesthesia

- Initial labor epidural was complicated by inadvertent dural puncture. An epidural catheter was subsequently placed one interspace caudally. 0.2% ropivacaine infusion was begun without incident.
- Four hours later the patient developed sudden abdominal pain. She was taken emergently to the OR for suspected uterine rupture.
- The epidural was bolused with 2% lidocaine with 1:200K epinephrine in 5 ml increments every 5 minutes (total 20 ml).
- Prior to incision, the patient complained of dyspnea, which progressed to dysarthria. SpO2 declined precipitously.

- Uneventful delivery of a viable baby girl, with no evidence of uterine rupture. Prior to extubation the patient was able to follow commands and move both upper extremities. She was extubated and had an uneventful postpartum course.

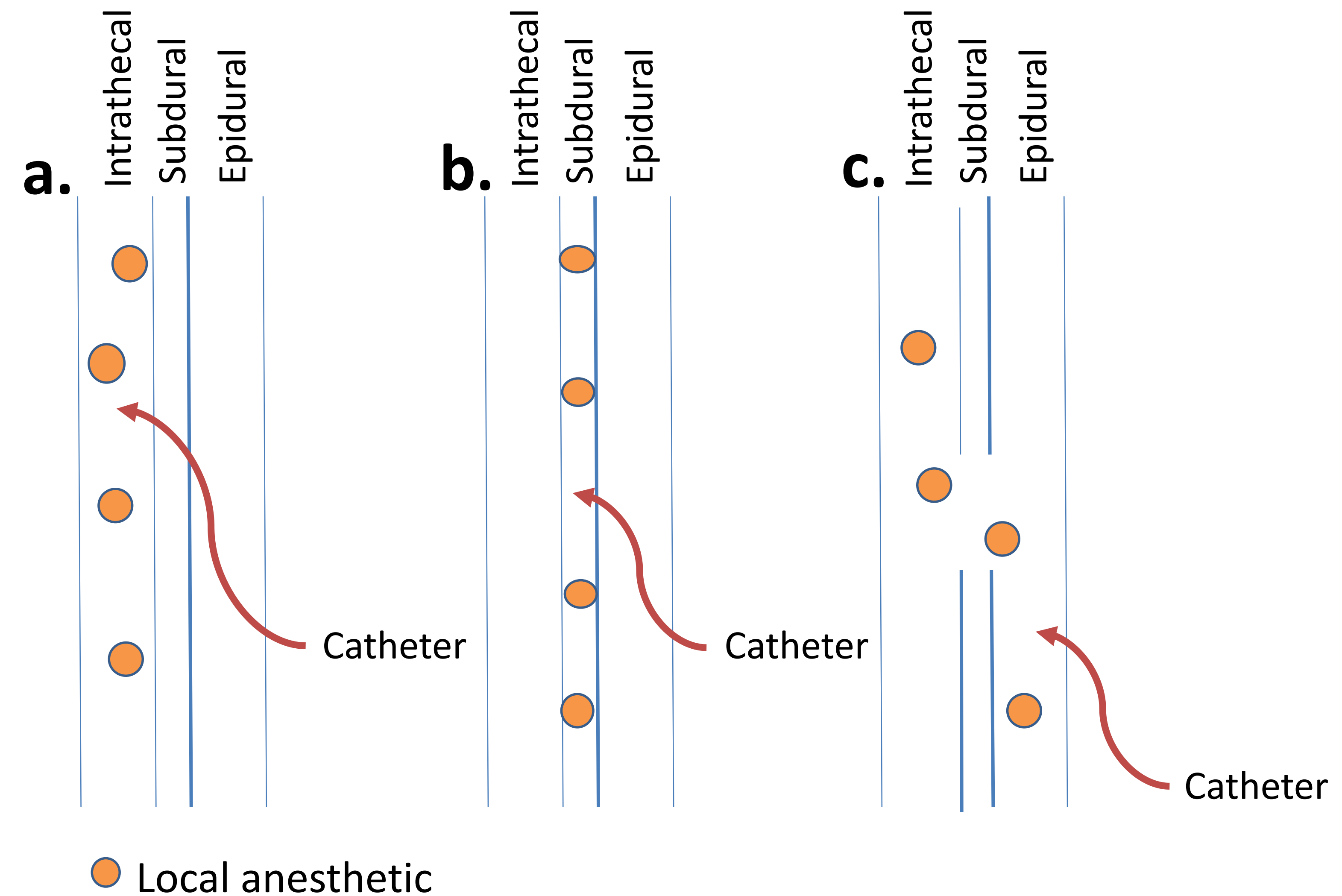


Figure 1. Possible etiologies of total neuraxial anesthesia. **a.** Inadvertent intrathecal catheter **b.** Subdural catheter **c.** Medication crossover from the epidural to intrathecal space via a dural tear

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Reference

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