

# **#36258 NEW ONSET COVID-19 RELATED THROMBOCYTOPENIA IN THE IMMEDIATE POSTPARTUM PERIOD: A CASE REPORT**

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**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**Background and Aims** Gestational thrombocytopenia (GT) occurs in 5%-10% of women during the 3rd trimester or the immediate postpartum period. Coronavirus disease 2019 (COVID-19) related thrombocytopenia (CT) occurs in 5-40% of non-pregnant patients, and there are reports of its occurrence in pregnancy. GT increases the risk of peripartum haemorrhage and epidural hematoma following neuraxial techniques.

**Methods** We describe the management of a postpartum woman with CT and an epidural catheter in situ.

**Results** A 37-year-old primigravida, 37w+5d, was admitted to the labour ward. Pregnancy was uneventful and laboratory results of the admission were normal (table 1). An epidural catheter was placed for labour analgesia. Nine hours later, due to non-reassuring fetal status, an emergency C-section was performed under general anaesthesia, with an unremarkable intra-operative period. In the recovery unit, the patient started complaining of dyspnea and cough. Laboratory test results showed a positive PCR test for SARS-CoV-2 and new onset thrombocytopenia (56,000/ $\mu$ L). She required oxygen by nasal cannula for 48 hours and was closely monitored for the onset of neurological symptoms. The epidural catheter was removed when the platelet count became normal (72 hours later). The remaining postpartum period was uneventful.

**Abstract #36258 Table 1** Laboratory investigations over time (third trimester, on admission and postpartum)

	Third trimester	Admission	Postpartum (1h later)	Postpartum (24h later)	Postpartum (48h later)	Discharge (72h later)
Hemoglobin (g/dL)	13,2	13,3	10,4	10,3	9,4	10,5
Leukocytes ( $\times 10^9$ /L)	6,66	6,45	5,86	16,00	11,34	11,63
Lymphocytes (%)	18,8	18,6	2,7	6,9	13,4	12,6
Platelets ( $\times 10^9$ /L)	237	209	56	89	94	143
aPTT (sec)			40,9	39,3	32,8	
PT (sec)			15,7	14,4	12,1	
Fibrinogen (mg/dL)			311	472	539	

**Conclusions** This case emphasizes that CT may develop quickly and present before respiratory symptoms. In this case, the existence of a normal complete blood count on admission helped establish the onset of thrombocytopenia. A falling platelet count indicates a worsening of COVID, thus reinforcing the importance of close monitoring and follow-up. Other causes of thrombocytopenia, both pregnancy and non-pregnancy related should be ruled out.

# **#35960 ACCIDENTAL DURAL PUNCTURE IN A MORBIDLY OBESE PREGNANT WOMAN: WHAT NOW? – CASE REPORT**

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**Background and Aims** Spinal-epidural anesthesia is a well-established technique for performing cesarian-section. Accidental dural puncture during this procedure is a possible complication, especially in obese obstetric patients.

**Methods** A morbidly obese 30-year-old with a body mass index of 59 was proposed for elective cesarian-section and myomectomy. We performed a spinal- epidural technique, and there was an accidental dural puncture with a Tuohy needle 18G. Given her phenotype, we had previously discussed the possibility of introducing the catheter in the intrathecal space if this complication took place. We followed up with our plan B, which allowed the administration of continuous spinal anesthesia. At the end of surgery, we administered intrathecal morphine, and the catheter was removed.

**Results** The surgery lasted one and half hours, and the patient was always hemodynamically stable. The newborn had an Apgar score of 9/10/10. We explained the potential complications to the patient, and she was evaluated daily during her hospital stay, without developing headache or other symptoms. There was no record of her visiting urgent care in the following days.

**Conclusions** We need to be alert for the higher possibility of accidental dural puncture in obese pregnant women, the complications that might arise, and, as such, always have a plan B. In this case, we were able to provide optimal surgical conditions and effective post operative analgesia.

# **#36212 POST-PUNCTURE HEADACHE RECURRENCE (PPHR) AFTER A BLOOD PATCH – A CLINICAL CASE**

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**Background and Aims** Post-Puncture Headache Recurrence (PPHR) is a complication of performing neuraxial techniques. Performing a blood patch is a recognized treatment with a high success rate, however, recurrence of headaches after it has been described.

**Methods** Clinical case: 33 years pregnant. Admitted for induction of labor. An epidural block was performed for labor analgesia, which complicated with accidental perforation of the