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Cns Tumors Do Not Imply Lscs

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I. Introduction:-

The occurrence of CNS tumours during pregnancy is rare and it poses a serious risk for both mother and baby. The incidence of CNS tumours complicating pregnancy is 1/11460.

Aim:
A study was done to identify the difficulties in management of CNS tumors in pregnancy .

II. Materials And Methods:

3 cases with CNS tumors diagnosed during pregnancy were treated and followed till 6months post delivery.

Case 1- 32 year old g2p1l1 with 20 weeks of gestation presented with headache ,worsening nausea and vomiting since 20 days .she denied any fever, chills, abdominal pain, numbness ,tingling sensations and vaginal bleeding.no history of fall or trauma . Without any syncopal attacks or seizures previous pregnancy full term caeserean section

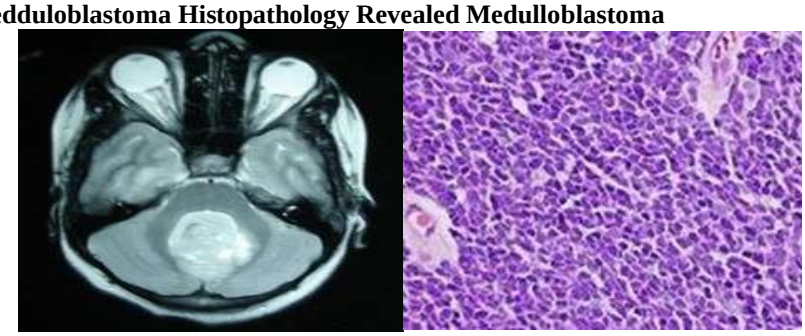
On examination: Pt was conscious coherent and well oriented Vitals stable.
CNS EXAMINATION- Ataxic gait and Incoordination
Obstetric examination- singleton gestation of 20 weeks. Fetal heart sounds present Lab investigations were unremarkable Fundoscopy revealed papilloedema. MRI revealed a Cerebellar space occupying lesion- probably a medulloblastoma.
Patient was treated conservatively with corticosteroids and mannitol to lower intracranial pressure.

Neurosurgeon opinion was taken–advised to undergo Emergency Craniectomy in view of deteriorating symptoms.

With anaesthetic precautions in sitting position Rt suboccipital craniectomy-resection of tumor was done Post operatively, the patient was transferred to the neurosurgical ICU and shifted to the ward after 24 hours.Subsequent obstetric and ultrasound checks were normal.

The rest of her pregnancy was uneventful and she subsequently had a full term Caesarean section under general anaesthesia (Birth weight 2.9kg and Apgar score 7/10 at one minute). Both the mother and baby are presently well and the mother is scheduled to undergo postoperative radiotherapy.She was discharged on the 4 th postoperative day.

Mri Showing Medduloblastoma Histopathology Revealed Medulloblastoma



CASE -2

30 year old primigravida with 26 weeks of gestation presented with weakness of both lower limbs

whichwas gradual in onset.No h/o fever,trauma or any drug usage.

H/o present pregnancy- conceived spontaneously , had regular antenatal checkups. Complained of tingling sensation in both lower limbs since 20 weeks gestation.

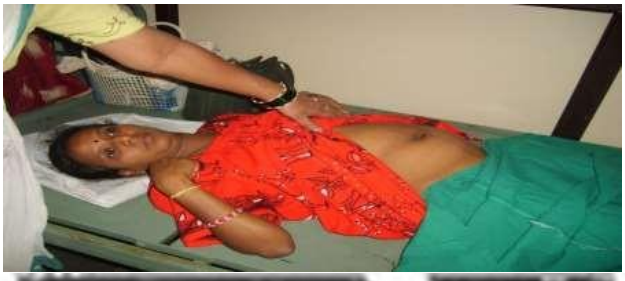
CNS examination- conscious and well oriented

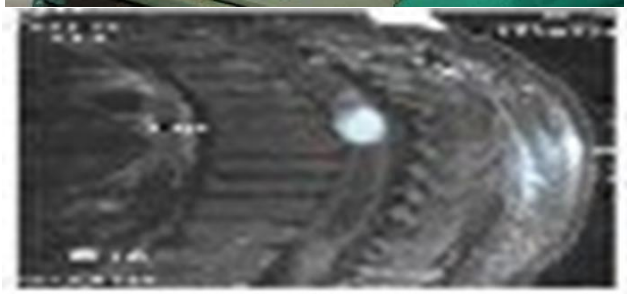
Both Lower limbs-: tone- hypotonia; power- 3/5 LLL; 3/5 RLL with normal coordination.Upper limbs-normal.

Obstetric examination- singleton 26 weeks gestation; liquor adequate; FHS present

Neurologist opinion taken- GullianBarre Syndrome suspected.

Within next 48 hours, patient's symptoms worsened. Power of both lower limbs reduced to 2/5. MRI was done- a space occupying lesion in the thoracic vertebra showing T5-T6 neoplasm





Due to acute progression of the disease the neurosurgeon planned for Emergency resection of spinal tumor. With anaesthetic precautions and careful fetal monitoring, Surgery was done in sittingposition.

Histopathological examination revealed astrocytoma .

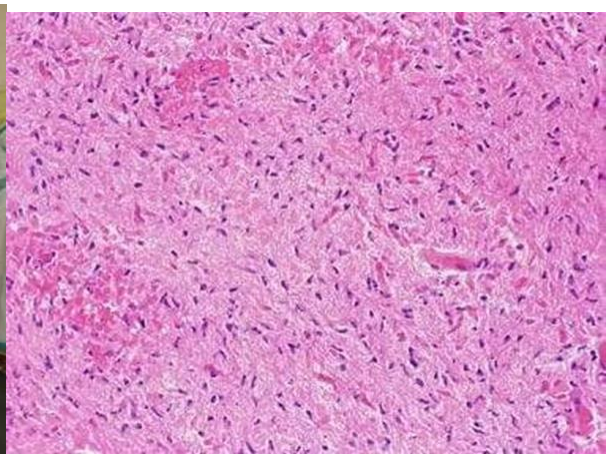
Underwent regular antenatal visits after surgery.Physiotherapy improved muscle power to 4/5

She landed in preterm labour at 34 weeks of gestation.

Delivered by outlet forceps due to prolonged second stage.

Delivered an alive preterm female baby of weight 1.8 kg with apgar 4;6 ; required nicu admission. Baby had normal milestones –was followed upto 6 months

Histopathology revealed astrocytoma



CASE-3

28 year old G2P1L1 with 34 weeks gestation age was referred for termination of pregnancy in view of Carcinoma ex pleomorphic adenoma with intracranial extensionfor Radiotherapy

At 24 weeks of gestation was diagnosed as tumor of nasal cavity and underwent surgical resection for the same.

On follow up, at 30 weeks, it was found to have invaded cranium through ethmoid bone hence advised termination of pregnancy prior to radiotherapy.

Labour was induced and delivered an alive preterm female baby of weight 1.1 kg with apgar 4;6 by vaginal delivery and admitted to NICU

III. Conclusion :

With close fetal monitoring , cautious anaesthesia and skillful surgery,few CNS tumors can be safely managed during pregnancy.

The best moment to recommend the craniectomy and the neurosurgical removal of the tumor will dependon the mothers neurological condition, the tumor histological type, extent as well as the gestational age. Management of brain tumors during pregnancy should be individualized and it is a multidisciplinary approach by neurosurgeon ,anaesthetist,obstetrician and neonatologist.