Letter to the Editor / Editöre Mektup
doi: 10.18678/dtfd.1551691

Duzce Med J, 2024;26(3):285-286
Düzce Tıp Fak Derg, 2024;26(3):285-286

Comment on "Neuraxial Block in A Post-Hemorrhagic Stroke Pregnant Patient"

"Hemorajik İnme Sonrası Gebe Bir Hastada Nöroaksiyel Blok" Başlıklı Yazı Üzerine

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Received / Geliş Tarihi : 18.09.2024
Accepted / Kabul Tarihi : 02.11.2024
Available Online /
Çevrimiçi Yayın Tarihi : 25.11.2024

Dear Editor,

We read with profound interest the case report titled "Neuraxial Block in A Post-Hemorrhagic Stroke Pregnant Patient" by Iswara et al. (1) published on pages 85-87 of the 26(1) issue of the Duzce Medical Journal in 2024, and describing the management of a post-hemorrhagic stroke patient for cesarean section under spinal anesthesia. We compliment the authors for managing this challenging case meticulously with multidisciplinary involvement and would like to add a few more discussions.

Although this case was managed successfully, there is no mention of any specific neurological assessment or investigation in the postoperative follow-up. Also, while the optic nerve sheath diameter (ONSD) was measured preoperatively, there is no mention of whether it was performed after the surgery. This is because a constant vigil regarding neurological status is a must in the postoperative period as there is a potential possibility of cerebral re-bleeding. Notably, spinal anesthesia in a patient with undiagnosed chronic subdural hematoma following a mild head trauma resulted in subdural re-bleeding (2).

Secondly, we would like to highlight that the title of that case report does not end with the term "A Case Report". This is imperative as per the guideline for reporting a case report (CARE guideline).

Additionally, a few sentences require clarity in that case report. For instance, the statement "The recent magnetic resonance imaging (MRI) was initially planned to be done, but the patient was then premedicated with paracetamol IV 1000 mg, ondansetron 4 mg, and midazolam 2 mg IV" (1) in the "Case Report" section contradicts with another statement "The computed tomography (CT) scan was not done due to patient refusal due to fetal radiation exposure, and magnetic resonance imaging (MRI) was not able to be done because the patient was already in labor" (1) in the "Case Report" section. While we agree that an MRI could not be done as the patient was in labor as it would take a long time and thus could potentially increase the intracranial pressure, the administration of premedication cannot be the reason.

Besides, in the "Discussion" section, the authors stated that "In this patient, the onset was right at 14 days and the patient was in an emergency situation because…" (1). We

hope that they probably meant that this patient had presented for the surgery (emergency cesarean section) 14 days after the onset of the stroke. Similarly, the last sentence "In the case in which high intracranial pressure and neurological symptoms can be excluded with stable hemodynamics, neuraxial anesthesia is a safe choice in post-hemorrhagic stroke patient" also needs correction. The authors have measured ONSD which is also an important point here, hence; it could have been included to make it more precise: "high intracranial pressure and neurological symptoms can be excluded with stable hemodynamics, as well as the normal ONSD".

Lastly, the statement "Ten mg dose of spinal is enough to reach T8 level block" (1) in the "Discussion" section, needs corrections. Although the drug is not specified here, we understand that it was bupivacaine as mentioned in the "Case Report" section. Ideally, a sensory level of T6 is required for this surgery. Also, it is a common practice to add adjuvant such as fentanyl to reduce the dose of local anesthetic thus resulting in better hemodynamic stability and prolongation of the intraoperative and postoperative analgesia. Although an experienced surgeon performed the surgery in that case (1), it is still better to add fentanyl because of these benefits.

Ethics Committee Approval: Since our study was not an experimental study including human or animal subject, ethics committee approval was not required.

Conflict of Interest: None declared by the authors.

Financial Disclosure: None declared by the authors.

Acknowledgments: None declared by the authors.

Author Contributions: Idea/Concept: RMS; Design: RMS; Data Collection/Processing: RMS, PK, SM, SV; Analysis/Interpretation: RMS, PK, SM, SV; Literature Review: RMS, PK, SM, SV; Drafting/Writing: RMS, PK, SM, SV; Critical Review: RMS.

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