



## Anaesthetic Management of Parturient With Antiphospholipid Antibody Syndrome

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### ABSTRACT

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### INTRODUCTION

APLA is a rare autoimmune disorder characterised by

- ☐ venous /arterial thrombosis
- ☐ Recurrent foetal loss
- ☐ presence of antibodies directed against various phospholipids including Anti cardiolipin and lupus anticoagulant.

**Objective :** To study the use of neuraxial anaesthesia in a patient with bad obstetric history undergoing elective cesarean section

### Case History

30 year multigravida with the history of four previous abortions and positive serology i.e. presence of lupus anticoagulant 40.2 (normal 36.8) and increase in APLA (21 U/mL normal range 12 U/mL) with 9 months gestation was admitted in our hospital. She gave no history of any thromboembolic episodes. Patient was taking Tablet Ecospirin 75 mg HS ,stopped 5 days before surgery. Also injection enoxaparin 40 mg s.c, stopped 12 hrs before surgery. Elective cesarean section was planned at 37 weeks of gestation in view of bad obstetric history. Investigations were within normal range (activated partial thromboplastin time, prothrombin time, International Normalized ratio) . Spinal anaesthesia was given

in L3-L4 interspace and sensory block upto sixth thoracic (T-6) vertebral level was attained.

### Discussion

APLA could be primary in absence of underlying illness or secondary when associated with other autoimmune disorder [1] Precipitating factors are surgical intervention, infection.[2]

Future outcome of pregnancy can be improved with combination of aspirin and heparin. [2,3] To decrease blood loss at the time of surgery, anticoagulant therapy has to be stopped.[4,5] Additionally antithrombotic stockings, intermittent venous compression device, adequate hydration should be done to decrease the complications.[2]

### Conclusion

Perioperative management of APLA syndrome requires multidisciplinary approach to prevent thrombotic and hemorrhagic complications.

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