

0P31: Case report: Paraparesis in pregnancy*Raguraman S, Perera MAK**DSHW, Sri Lanka*

Introduction: Paraparesis is defined as partial or complete loss of voluntary motor function of lower limbs. It is due to bilateral damage to corticospinal tracts, could be spinal lesions or cerebral lesions. Arterial venous malformations (AVM) of the spinal cord is one of the rare causes of spinal cord injury (SCI) which cause paraparesis. Autonomic dysreflexia (AD) is the life threatening complication and it will provoke during vaginal examinations, urinary retention and with uterine contractions.

Case report: 25 years old, mother of one child presented with bilateral lower limb weakness on her 22weeks of period of gestation (POA). Clinical features were suggestive of T6 level spinal cord lesion. MRI revealed vascular malformation of cervical and thoracic area with acute re-bleed and edema at T1-T4 level. Multi-disciplinary inputs were integrated on management. She had regular physiotherapy, leg compression stockings and advised to avoid provoking factors of AD. DVT prophylaxis not used because of spinal AVM. She had spontaneous labour at 38week and normally delivered baby even before the assisted second stage. During labour her vital parameters and clinical features of AD were monitored. Opioid analgesics given. Her post-partum was uneventful and she can walk with aid after 3 months of delivery.

Discussion and conclusion: In pregnancy venous congestion more pronounced and may worsen the spinal AVM. Management options for spinal AVM are surgical correction and embolization which were not recommended during pregnancy. Vaginal delivery with assisted second stage is recommended. Analgesia (spinal or epidural) should prevent AD by blocking the stimuli arise from pelvic organs.