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General anesthesia for cesarean delivery followed by anterior and posterior spinal cord decompression of a parturient with symptomatic spinemetastasis due to breast cancer

Berrin GÜNAYDIN<sup>1</sup>  
Sema ÖNCÜL<sup>1</sup>  
Mehmet ERDEM<sup>2</sup>  
Memduh KAYMAZ<sup>3</sup>  
Hakan EMMEZ<sup>3</sup>  
Zerrin ÖZKÖSE<sup>1</sup>

 [Keywords](#)  
 [Authors](#)



[medsci@tubitak.gov.tr](mailto:medsci@tubitak.gov.tr)

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<sup>1</sup>Department of Anesthesiology, Faculty of Medicine, Gazi University, Ankara - TURKEY

<sup>2</sup>Department of Gynecology and Obstetrics, Faculty of Medicine, Gazi University, Ankara - TURKEY

<sup>3</sup>Department of Neurosurgery, Faculty of Medicine, Gazi University, Ankara - TURKEY

**Abstract:** Cesarean delivery of a parturient suffering from paraplegia followed by anterior corpectomy and posterior spinal cord decompression because of spine metastasis at T1 due to breast cancer was presented. General anesthesia was uneventfully completed after rapid sequence anesthesia induction with propofol, ketamine, and succinylcholine, which was maintained by isoflurane inhalation in 50% oxygen-air mixture until delivery of the newborn. After delivery, remifentanil infusion was added to isoflurane inhalation in approximately 33%/66% oxygen:air until skin closure of the latter operation. Consequently, satisfactory recovery of paraplegia resulting from spine metastasis and delivery of a healthy baby were provided by successful and uneventful management of sequential caesarean delivery and neurosurgical intervention requiring double different positioning successively under general anesthesia.

**Key words:** Breast cancer, metastasis, cesarean section, anesthesia

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