

1549 - Unmasking Severe Hypotension after Intermittent Catheter for Distended Bladder in a Patient with Cervical Spinal Cord Injury

 Fri, Mar 6  6:00 PM – 7:00 PM

Case Diagnosis: Unmasking Severe Hypotension after Intermittent Catheter for Distended Bladder in a Patient with Cervical Spinal Cord Injury

Case Description: We present a 61 year old male who presented to the rehab hospital following a C3-C7 anterior cervical decompression and fusion (ACDF) for incomplete cervical spinal cord injury (C4 ASIA B) following a fall secondary to an unexplained syncopal episode. After ACDF, he continued to experience ventilator-dependent respiratory failure and neurogenic bradycardia. He underwent permanent pacemaker placement, tracheostomy, and PEG tube placement. He was discharged to a long-term care facility where he stabilized to resting systolic blood pressures (SBP) ranging from low 90s-100s. On admission to the inpatient rehab hospital he was found to have a distended bladder of 500cc. Following intermittent catheterization, he was noted to be less responsive with BPs 60s/30s. Although he responded rapidly to 0.5 amp epinephrine, within 15 minutes the SBP returned to 60. He was transferred to the ICU for a norepinephrine drip, an increase in midodrine and fludrocortisone to stabilize his blood pressures.

Discussions: The autonomic nervous system is important in maintaining normal cardiovascular hemostasis. Autonomic dysfunction is common in a cervical spinal cord injury (SCI) patient. Multifactorial autonomic dysfunction was suspected to lead to this hypotensive episode in this patient. This is an interesting case of unmasking severe hypotension in an attempt to address autonomic dysreflexia.

Conclusions: This case provides an opportunity to discuss not only different etiologies of autonomic dysfunction in SCI patients but also pharmaceutical agents, physical treatment modalities, and management options when addressing SCI.

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