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ABSTRACTS

2026 LOUISIANA **ANESTHESIOLOGY**
MARCH 13-14

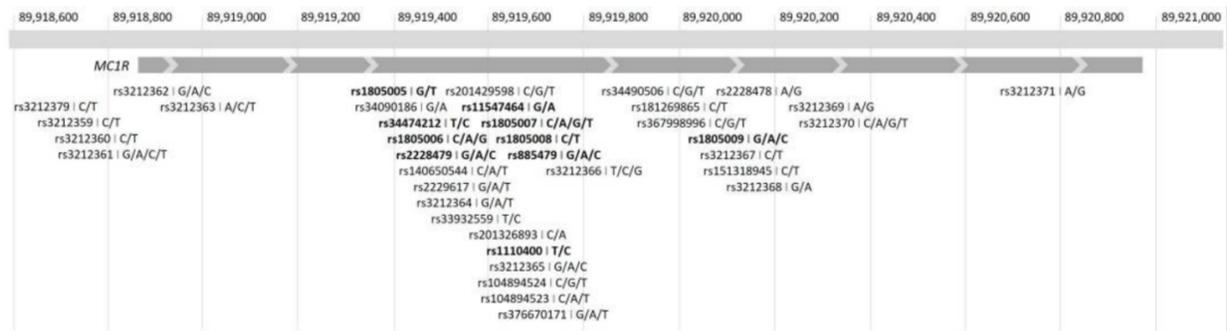
RENAISSANCE NEW ORLEANS ARTS HOTEL WAREHOUSE DISTRICT

ePoster #8| Case Study | Obstetric Anesthesia

Is Red Hair a Red Flag? Complications with Labor Analgesia in Red-Haired Parturient

J Hirsch, S Gennuso, D McGregor, LSU Health - Shreveport

Case Project: A 22-year-old red-headed female with a past medical history of nephrolithiasis, severe pre-eclampsia, and morbid obesity presented to the labor unit for induction of labor due to fetal growth restriction with elevated uterine artery doppler. Her labor course was complicated by inadequate epidural pain control despite multiple successful epidural and combined spinal epidural placements and spinal and epidural medication infusions. This case highlights the importance of individualized medicine and complex genetic drivers behind pain perception and pharmacologic response.



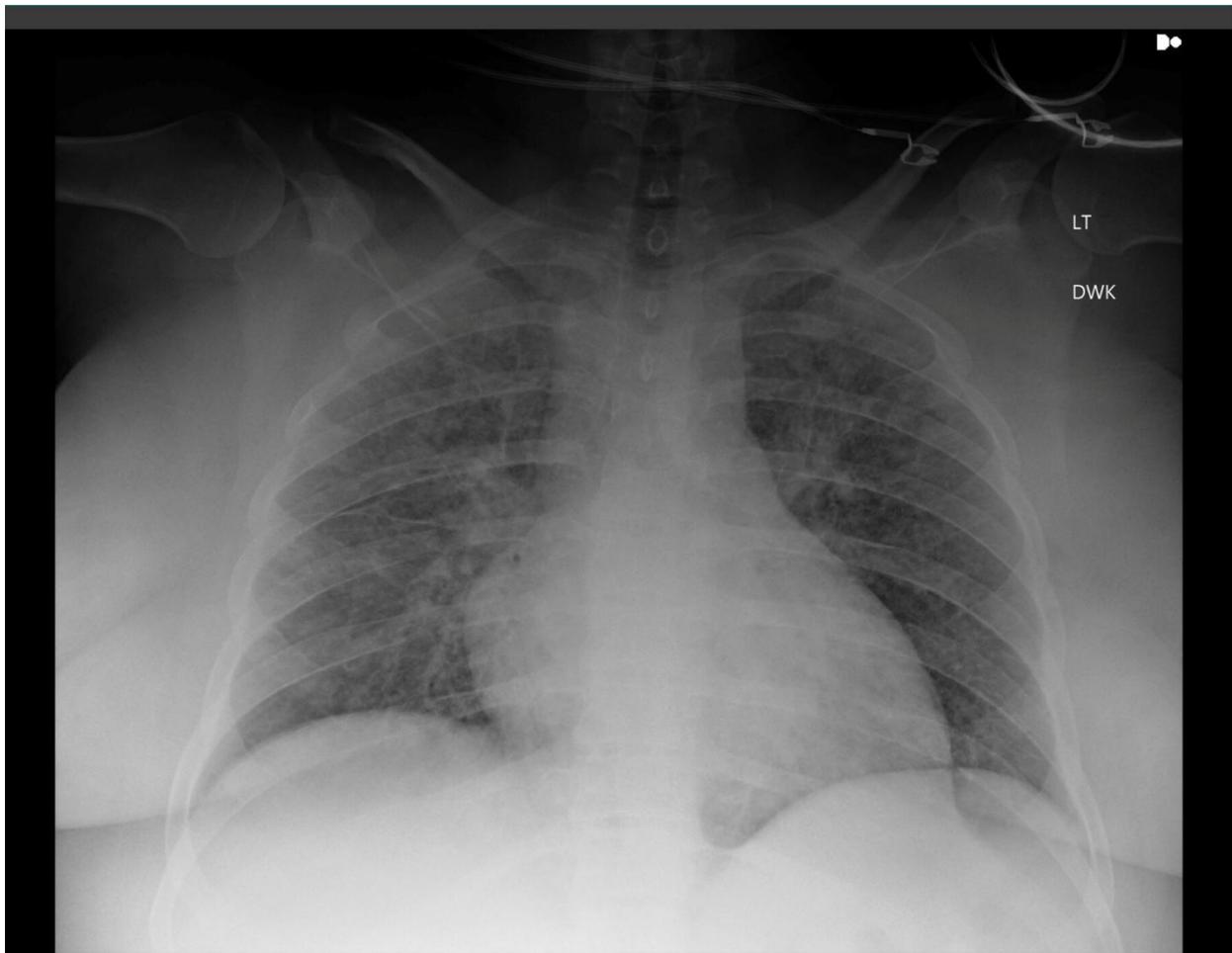
Reference: Augustinsson A; Franze E; Almqvist M; Stomberg M; Sjöberg C; Jildenstål P. Red-haired People's Altered Responsiveness to Pain, Analgesics, and Hypnotics: Myth or Fact?- A Narrative Review. *Journal of Personalized Medicine*. May 29, 2024. Accessed October 18, 2025. <https://pubmed.ncbi.nlm.nih.gov/38929804/>.

ePoster #9| Case Study | Obstetric Anesthesia

It Happens in a Flash: Managing Peripartum Flash Pulmonary Edema

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Case Project: The etiology of flash pulmonary edema can be multifactorial, and its presentation can vary widely among patients, posing a challenge to anesthesia providers in its diagnosis and management. Our case focuses on a 25-year-old G2P1 female at 37 weeks gestation having a repeat cesarean section who developed peri-partum flash pulmonary edema. This patient's complex medical history, including gestational hypotension, morbid obesity, and hypothyroidism, both posed challenges to our anesthetic plan and likely contributed to the development of pulmonary edema. Intra-operatively, the auto-transfusion occurring after delivery and alternating episodes of maternal hypotension and hypertension could've been the inciting factors of the patient's complication. Her atypical presentation of pulmonary edema (persistently low oxygen saturations despite supplemental oxygen with no other signs of respiratory distress) caused a small delay in diagnosing it. Nonetheless, the diagnosis was confirmed with a chest x-ray, and she was treated accordingly with non-invasive ventilation, diuresis, and supplemental oxygen.



ePoster #10| Case Study | Obstetric Anesthesia

Management strategies of IUFD : Revisiting the timeline of suspected fetal demise and subsequent DIC

V Spinuzza, K Cox, Tulane School of Medicine

Case Project: A 25 year-old G1P0 at 30 wk 5d presented to the OB ED with complaints of a few hours of abdominal and pelvic pain. Though the patient had reported normal fetal movement earlier in the day, she was diagnosed with fetal demise within the OBED with an estimated demise window of approximately 3-6 hours. The patient was admitted for induction and initial labs that evening within normal limits prior to epidural placement. In the morning labs deteriorated to DIC ranges. With the patient being remote from delivery, she was brought back to the OR for emergent c-section and it was discovered that the patient had a partial placental abruption and uterine atony with significant blood loss intraop. Given methergine, hemabate, and pitocin while being resuscitated with blood products. The patient continued to bleed during her post operative course requiring additional blood products. Her epidural catheter was kept in place until her coagulation studies normalized on post op day 3.

This case particularly showed an accelerated timeline in relation to the discovery of DIC relative to the suspected timeline of fetal demise than has been reported in other studies. Other discussion points being the incidence, pathophysiology, and anesthetic management of IUFD with subsequent DIC.

ePoster #11| Case Study | Pain Medicine

An Alternative Procedural Approach to Treating Calcific Tendinitis of the Hip

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Case Project

Background: Calcific tendinitis of the greater trochanter, or greater trochanteric bursitis, can be challenging to manage when certain gold-standard, minimally invasive options such as the Tenex procedure (ultrasound-guided percutaneous tenotomy) are unavailable.

Case Presentation: A 58-year-old female with a 20-year history of bilateral hip pain presented with worsening right-sided pain following a motor vehicle accident. Examination revealed positive FABER and FADIR tests bilaterally and tenderness over the greater trochanteric bursae (GTB). Imaging demonstrated a chronic avulsion fracture of the abductor tendons and calcific tendinitis of the right gluteal insertion. Conservative therapies, including corticosteroid injections, NSAIDs, muscle relaxants, and physical therapy, offered only temporary relief.

Intervention: Due to the unavailability of resources to conduct the Tenex procedure at a local regional medical center, an alternative technique was performed to mimic this procedure. Under fluoroscopic guidance, a 16-gauge Quincke needle was advanced into the right GTB, followed by irrigation with 40 mL of normal saline and 10 mL of lidocaine 2% and simultaneous aspiration via a three-way stopcock. Two bony fragments (2x2 mm) were retrieved.

Outcome: Post-procedurally, the patient reported a 90% reduction in hip pain and significant improvement in mobility and sleep quality. No complications were observed.

Conclusion: This case demonstrates an effective, minimally invasive, and affordable alternative to the Tenex procedure for treating calcific tendinitis, which may offer substantial symptom relief for patients in a resource-limited setting.



ePoster #12| Case Study | Pediatric Anesthesia

Fast and Furious: A High-Speed Pulmonary Chase and Titration of Fentanyl in a Premature Neonate with Cyanotic Congenital Heart Disease

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Case Project: Complex cyanotic congenital heart disease with pulmonary hypertension (PH) poses significant peri-operative challenges in infants. Strategies must balance Pulmonary Vascular Resistance (PVR) and systemic vascular resistance (SVR), particularly in the setting of bronchopulmonary dysplasia (BPD). A hemodynamically significant Patent Ductus Arteriosus (PDA) causes left atrial and left ventricular enlargement, pulmonary over-circulation with pulmonary edema and poor cardiac output, unless arterial saturation (SpO₂) is kept at a target of 90%. Fentanyl 20 mcg/kg prior to extensive incisions is the optimal dose to prevent tachycardia and pulmonary hypertension crisis, found during prebypass phase of neonates undergoing cardiac surgery. Case: An ex 26-week premature neonate required chest tubes, high frequency jet ventilator for BPD, and two exploratory laparotomies for perforated necrotizing enterocolitis (first for ileostomy then for takedown). The PDA was so large that the left atrium and left ventricle were enlarged and the cardiologist recommended 9 days of tylenol, starting a day prior to the first surgery. The cardiologist recommended SpO₂ of no greater than 90%. By the time of the second surgery, two months later, the PDA was closed.

Summary: Despite fentanyl dosing, and reduction of FiO₂, pulmonary overcirculation appeared in both cases judged by a SpO₂ of 100%. Also, PH crisis could have evolved during stress of 2 hours each of exploratory laparotomy judged by sustained heart rate of 200. These two surgeries demonstrate the importance of individualized approaches to optimize gas exchange, pre ductal and post ductal SpO₂ probes, Cerebral Oximetry drop by 35%, and 3 major papers advocate for fentanyl bolus 25mcg/kg. Fentanyl 2mcg/kg is insufficient but 25 to 50mcg/kg is the optimum, beyond which hypotension ensues. If remifentanyl is used intraoperatively, then the postoperative morphine or fentanyl infusion could be increased by 50% from the preoperative rate for postoperative pain. Recent controversy about tylenol during pregnancy has ignored the fact doses of aspirin during third trimester are kept below 81mg a day to avoid closure of the fetus' PDA and lack of oxygen to the brain. Tylenol has equal efficacy to Ibuprofen in ductal closure.

ePoster #14| Case Study | Pediatric Anesthesia

A 2-Year-Old With a Gunshot Wound to the Chest: Learning Points for Pediatric Cardiothoracic Trauma

P Moore, H Siddaiah, K Skidmore, W Bernstein, LSU Health - Shreveport

Case Project: A 2-year-old female presented to the emergency department following a gunshot wound to the left chest. She was tachycardic, but stable. The EFAST in the emergency room demonstrated hemopericardium and hemothorax. She was taken to the OR emergently where the surgical team decided to place a chest tube. She was later emergently returned to the OR due to increasing chest tube output, a thoracotomy was then performed, where unique myocardial and hilum injuries were found. Multiple learning points exist throughout this case including use of point of care ultrasound, pediatric fluid resuscitation, and when to explore the mediastinum.

