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Anaesthetic management for an emergency LSCS in a very rare case of recurrent medulloblastoma and leptomeningeal metastasis

1. Niyati Arora, Senior Resident, AIIMS Rishikesh
2. Ayesha Goyal, Senior Resident, AIIMS Rishikesh
3. Shivanya Singh, Junior Resident, AIIMS Rishikesh
4. Bhavna Gupta, Assistant Professor, AIIMS Rishikesh
5. Rajaswee Rana, Junior Resident, AIIMS Rishikesh
6. Mohammed Shafiq Shajahan, Senior Resident, AIIMS Rishikesh

Email Id: serviceheb@gmail.com

Medulloblastoma (MB), a primitive neuroectodermal tumor, is now considered to originate from not only cerebellar external granular layer precursors, but also ventricular zone and dorsal brainstem neuronal progenitors. [1] It is the most common malignant pediatric brain tumor and a leading cause of cancer-related death, accounting for 10-20% of brain tumors in children, but is observed infrequently in adults, accounting for an estimated 1% of primary central nervous system (CNS) tumors in adults and predominates in males [2]. Tumors during pregnancy are not uncommon, but primary brain tumors in coincidence with pregnancy are unusual, and the incidence of medulloblastoma in pregnancy is still rarer. Patients with MB classically present with clinical signs and symptoms of increased intracranial pressure (ICP) due to cerebrospinal fluid (CSF) flow obstruction or cerebellar dysfunction. With disease progression, and infiltration of the brainstem by the tumour, cranial nerve dysfunction becomes more common [3]. It has been described that the cerebellar granule cells can respond to the stimulation of its estrogen receptors, and therefore the association that the high levels of this hormone observed during pregnancy can be a contributing factor for the appearance and growth of MB in pre-disposed women [4].

We are presenting a very rare case of Medulloblastoma and dropped leptomeningeal mets in pregnancy for emergency Lower Section Caesarean Section (LSCS).

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