COMPRESSION AORTO-CAVE : MYTHE OU RÉALITÉ?

DR CONSTANS BENJAMIN

CHRU DE LILLE

LE SYNDROME AORTO-CAVE EST DÉFINI PAR :

A. Baisse de la PAs > 20% en décubitus dorsal

B. Une différentielle MS / MI > 20mmHg

C. Une baisse du débit cardiaque maternelle

D. La présence de nausées

E. L'obstruction partielle de la veine cave chez une patiente a terme

Réponse :

- A
- B

Clark, S. L. *et al.* Position change and central hemodynamic profile during normal third-trimester pregnancy and post partum. *Am. J. Obstet. Gynecol.* **164,** 883–887 (1991).

SYNDROME AORTO-CAVE OU SYNDROME CAVE ?

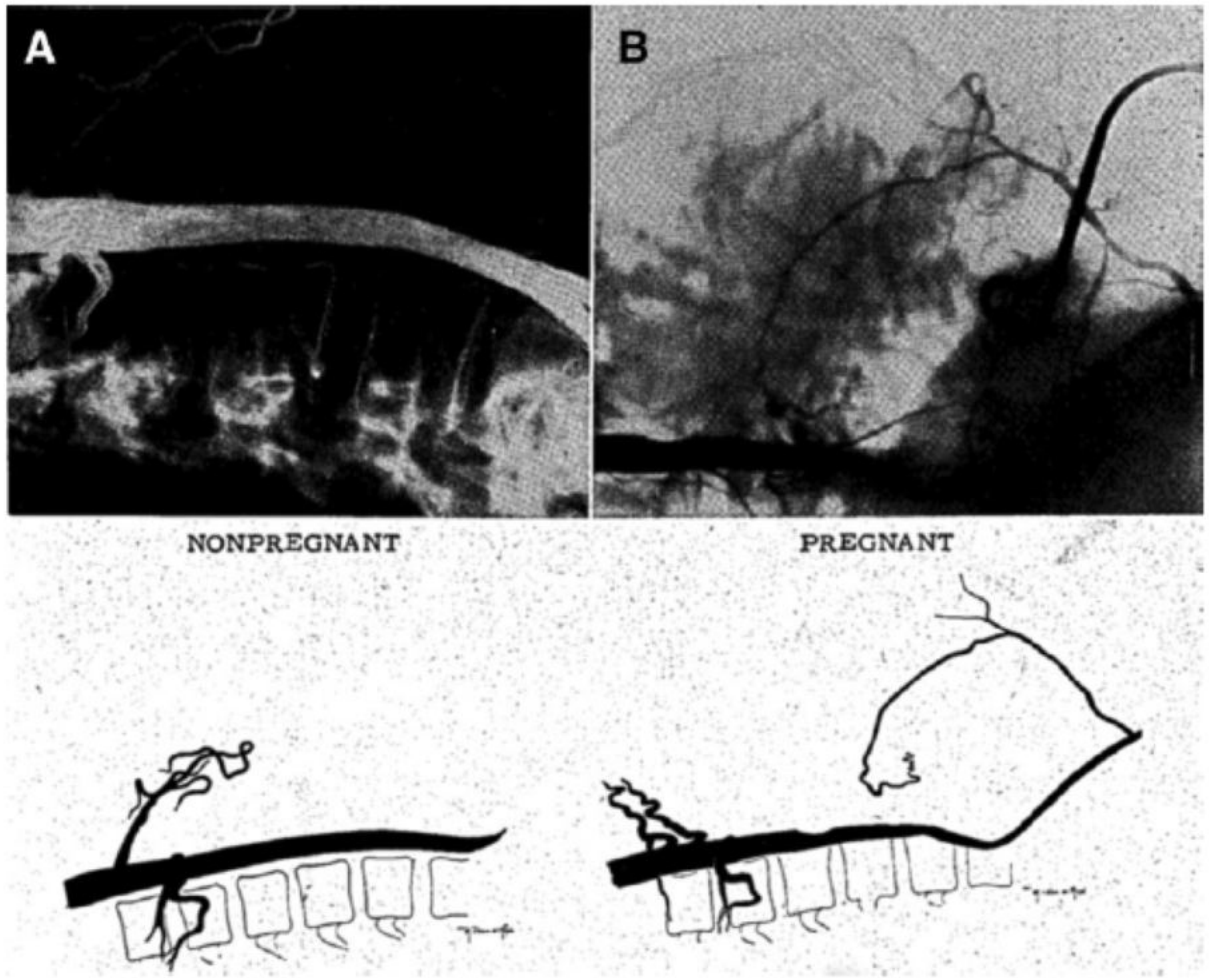


Figure 2. A, Lateral angiogram of a nonpregnant woman in the supine position, showing a clear gap between the vertebral column and an aorta with uniform width, indicating no compression. Drawing of the same below. B, Lateral angiogram during late pregnancy, showing the aorta being displaced dorsally, encroaching on the spine, and narrowed at the level of the lumbar lordosis. Drawing of the same below. Used with permission from Bieniarz et al.[32]

LE SYNDROME CAVE :

- N'existe pas
- Apparait des la conception
- Apparait a partir de 20 SA
- Est maximal a terme
- Est majoré par la gémelité

Réponse :

- C

Lees, M. M., Taylor, S. H., Scott, D. B. & Kerr, M. G. A STUDY OF CARDIAC OUTPUT AT REST THROUGHOUT PREGNANCY. *BJOG: An International Journal of Obstetrics and Gynaecology* **74,** 319–328 (1967).

ET EN 2017-2018?

EDITORIAL

The Aortocaval Compression Conundrum

David H. Chestnut, MD

Aortocaval Compression Syndrome: Time to Revisit Certain Dogmas

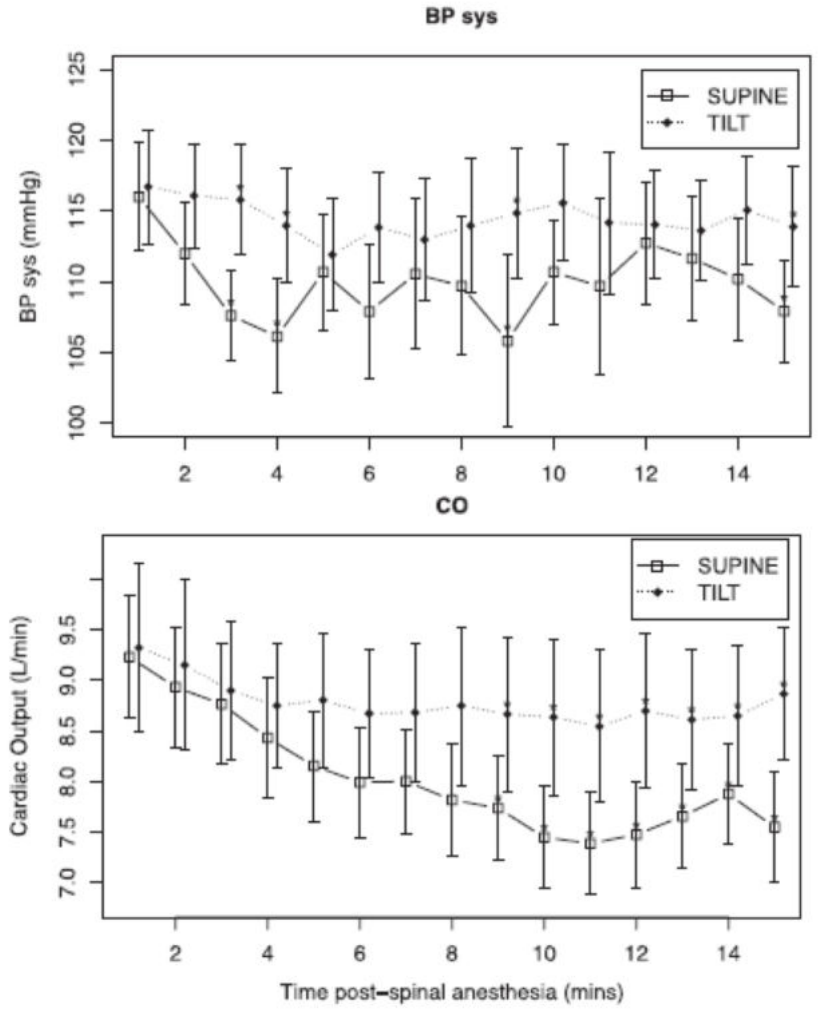
Allison J. Lee, MD, and Ruth Landau, MD

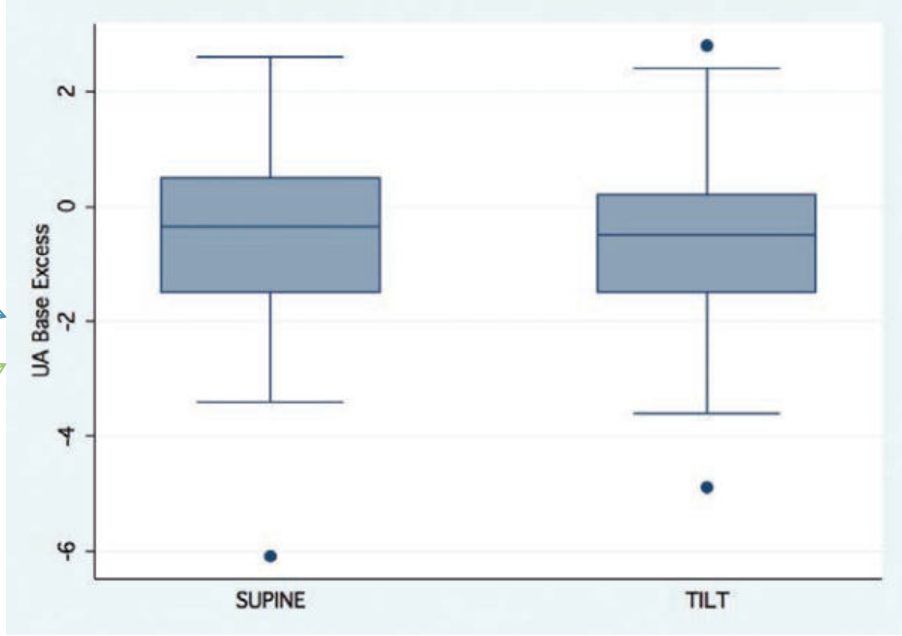
Left Lateral Table Tilt for Elective Cesarean Delivery under Spinal Anesthesia Has No Effect on Neonatal Acid–Base Status

A Randomized Controlled Trial

Allison J. Lee, M.D., Ruth Landau, M.D., James L. Mattingly, C.R.N.A., Margaret M. Meenan, C.R.N.A., Beatriz Corradini, M.Sc., Shuang Wang, Ph.D., Stephanie R. Goodman, M.D., Richard M. Smiley, M.D., Ph.D.

SYNDROME CAVE ET CÉSARIENNE





Co-remplissage
Plus de phenylephrine dans le gp supine

Lee, A. J. *et al.* Left Lateral Table Tilt for Elective Cesarean Delivery under Spinal Anesthesia Has No Effect on Neonatal Acid-Base Status: A Randomized Controlled Trial. *Anesthesiology* **127,** 241–249 (2017).

OUI MAIS QUELLE DEGRÉ?

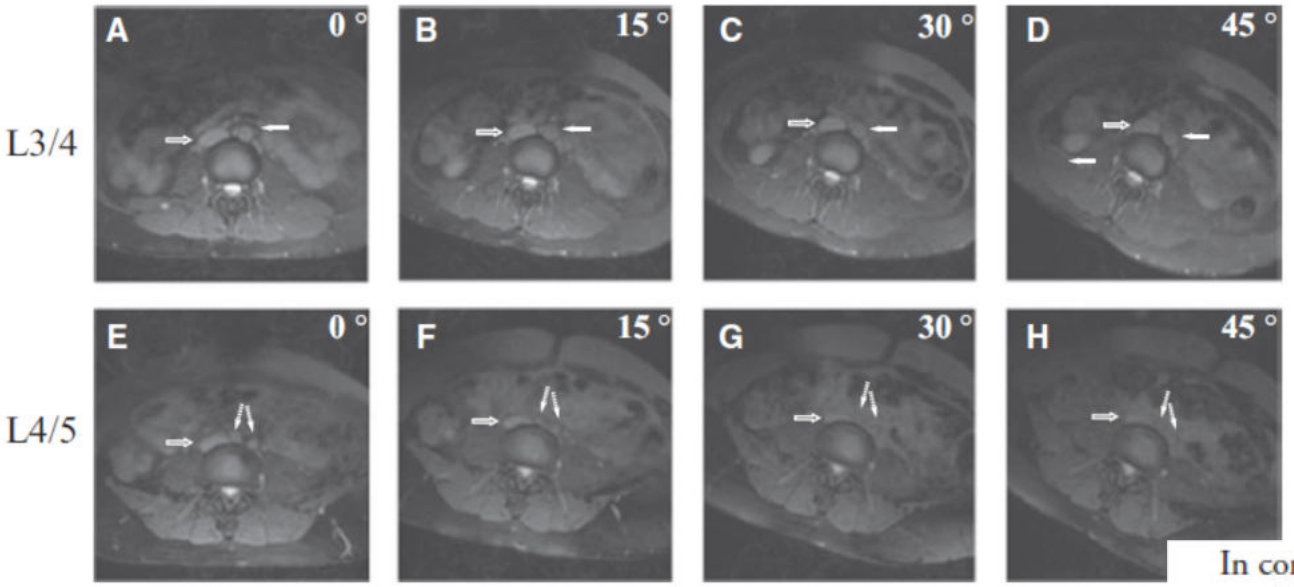
- 7°
- 15°
- 30°
- > 30°
- Traction manuelle de l'utérus

Réponse :
- C
- D

SYNDROME CAVE EN IRM

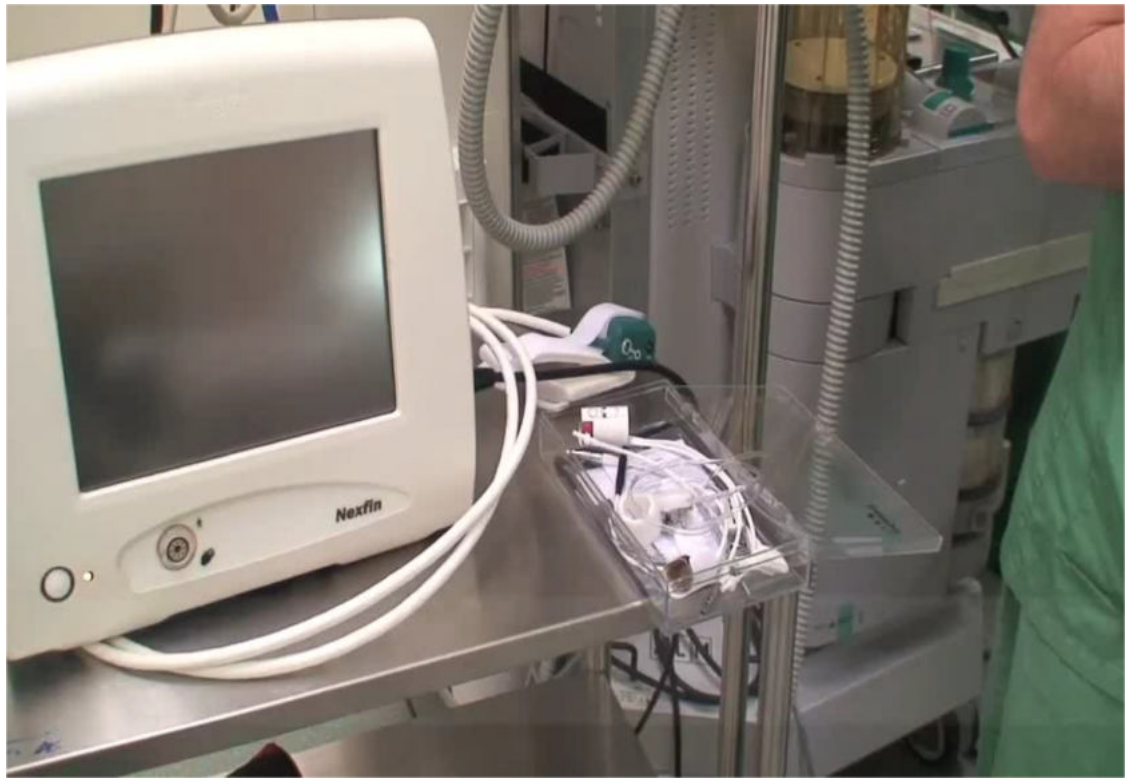
Effect of Lateral Tilt Angle on the Volume of the Abdominal Aorta and Inferior Vena Cava in Pregnant and Nonpregnant Women Determined by Magnetic Resonance Imaging

Hideyuki Higuchi, M.D., Shunichi Takagi, M.D., Kan Zhang, M.D., Ikue Furui, M.D., Makoto Ozaki, M.D.

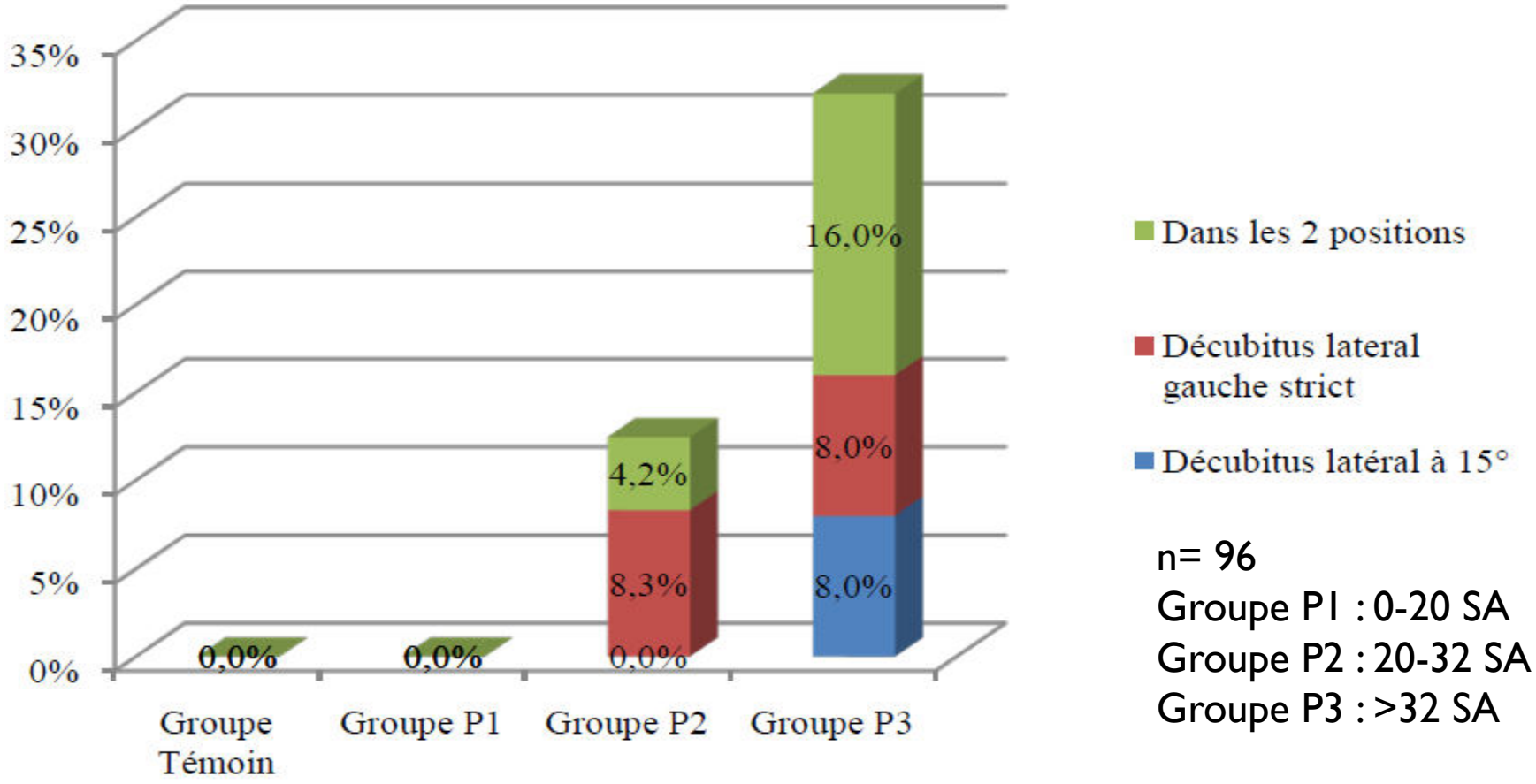


In conclusion, aortic volume in parturients did not differ among left-lateral tilt positions and did not differ from those in the nonpregnant woman. The IVC volume in parturients was not increased at 15° compared with that in the supine position, whereas the corresponding values were significantly increased at 30° and 45°.

ET LE DÉBIT?



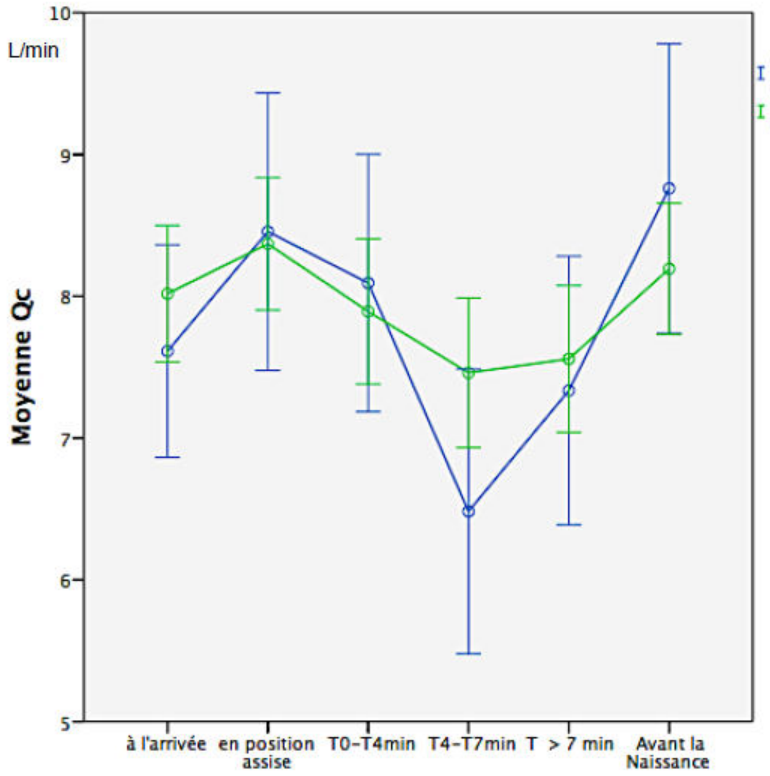
SYNDROME CAVE HÉMODYNAMIQUE

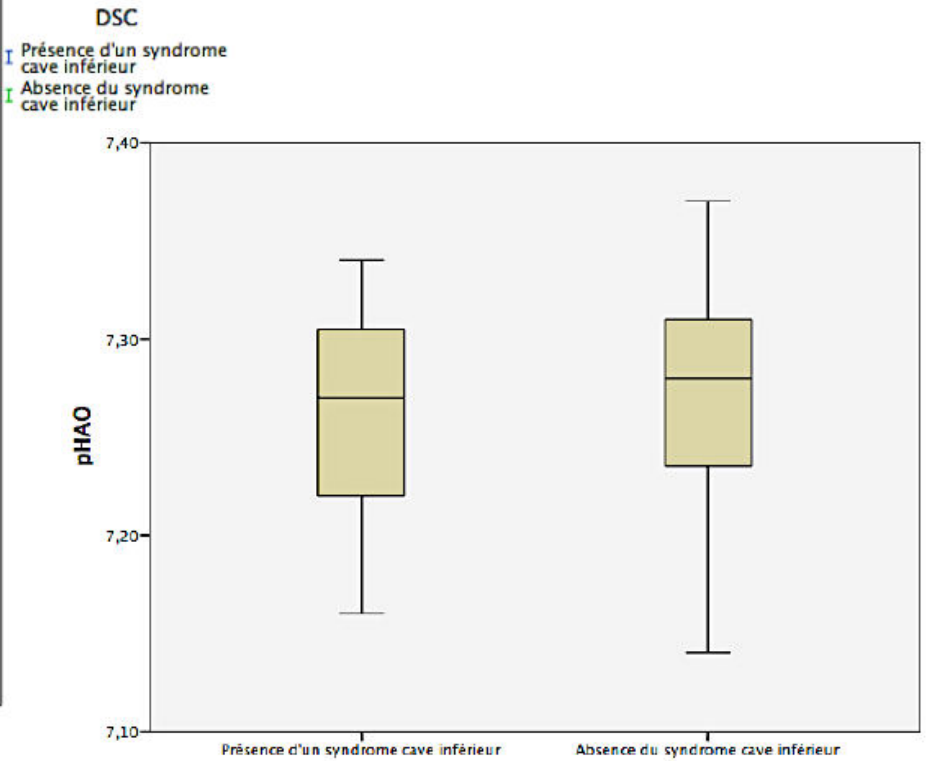


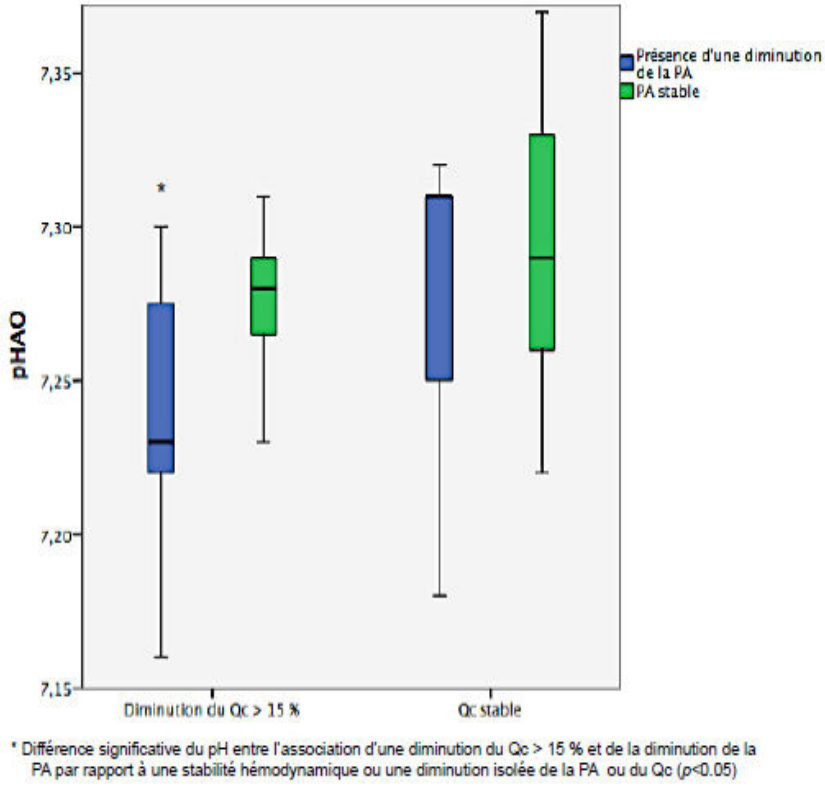
n= 96
Groupe P1 : 0-20 SA
Groupe P2 : 20-32 SA
Groupe P3 : >32 SA

« Influence du terme et de la position sur l'hémodynamique maternelle. Mesures non invasives» SFAR 2014

CÉSARIENNE / SYNDROME CAVE HÉMODYNAMIQUE / PHAO







Evaluation de l'impact de la rachianesthésie sur l'hemodynamique maternelle et de son retentissement fœtal au cours de la césarienne programmée par monitorage hémodynamique non invasif. P Dagher SFAR 2016

CONCLUSION DE 2017

Aortocaval Compression Syndrome: Time to Revisit Certain Dogmas

Allison J. Lee, MD, and Ruth Landau, MD

What We Thought We Knew

- 15° of maternal left lateral tilt is sufficient to relieve compression on the inferior vena cava by the gravid uterus.
- The aorta is typically compressed in the supine position during late pregnancy.
- 15° of maternal left lateral tilt must be routinely instituted during cesarean delivery.

What This Review Adds

- Inferior vena cava obstruction is only significantly relieved by ≥30° of left tilt.
- Magnetic resonance imaging reveals the aorta is not compressed in the supine position, although the distal aorta is not well visualized.
- Maternal supine position during elective cesarean delivery of healthy women with uncomplicated pregnancies may not be necessary and is not detrimental to neonates if maternal blood pressure is supported with vasopressors and a fluid coload.
- The degree and significance of aortic compression by the gravid uterus during neuraxial anesthesia, in the setting of hypotension, and during uterine contractions, remains debatable.

MERCI DE VOTRE ATTENTION