



Psychosomatic Strange Reactions in Pregnant Women Following Spinal Anesthesia for Cesarean Section

Banafsheh Mashak¹, Atefeh Zandifar², Sepideh Azizi³ and Marjan Ghaemi^{4,*}

¹Kamali Hospital, Alborz University of Medical Sciences, Karaj, Iran

²Alborz University of Medical Sciences, Karaj, Iran

³Shahid Akbarabadi Clinical Research Development Unit, Iran University of Medical Sciences, Tehran, Iran

⁴Vali-E-Asr Reproductive Health Research Center, Family Health Research Institute, Tehran University of Medical Sciences, Tehran, Iran

*Corresponding author: Vali-E-Asr Reproductive Health Research Center, Family Health Research Institute, Tehran University of Medical Sciences, Tehran, Iran. Email: marjan_ghaemi@yahoo.com

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Dear Editor,

The perioperative period is not only physically traumatic but also a source of significant fear and anxiety for patients (1) with a rate of 60 - 80% in patients scheduled for surgery and influences surgery, anesthesia, and consequently postoperative healing (2). Cultural background, previous anesthesia experiences, and preoperative information are the main factors affecting women's anxiety levels (3). Although spinal anesthesia is a safe and reliable method for cesarean section, more or less complications, such as headache (4) and transient neurological symptoms (5), are reported. Furthermore, because patients under regional anesthesia are alert, their anxiety can be a critical problem for themselves or the fetus (6).

This study aimed to report the strange reactions shortly after spinal anesthesia in pregnant women candidates for cesarean section with severe leg pain or unbearable foot numbness and using some terms, such as "I have lost my legs" or "I do not feel my legs". In severe cases, the subjects try to stand up or throw themselves out of bed. It is usually accompanied by severe anxiety, delusion, and even screaming. Therefore, anesthesiologists sometimes have to turn to general anesthesia.

In none of the cases there was a significant drop in blood pressure or bradycardia and difficulty in breathing. Since this manifestation was not associated with cardiovascular or neurological complications, it can be categorized as a psychosomatic complication. This is the first time this phenomenon has been reported in the literature. The agitation following the above-mentioned complications makes it impossible for anesthesiologists to monitor the patient, which might pose potential risks for the

mother and fetus.

There was no proven history of underlying mental illness in these patients, and it was impossible to justify these symptoms with anything other than the patient's stress. For the reduction of anxiety, it is suggested that the frequency of patient visits should be increased in the preoperative period, and patients should be informed in detail if they are planned for regional anesthesia. Moreover, patients' questions should be answered intimately, and above all, patients should be inspired to have confidence (7).

In conclusion, to avoid surgical and/or anesthetic problems in patients during operations, anxiety levels should be reduced through nonpharmacological methods during preoperative patient visits considering the fact that patients are pregnant.

Footnotes

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