**Hypoglicemia in cesarean section – case report**

**D-r M. Lazarevski1**; D-r R. Zikova1; D-r A.Mihailova1; D-r N. Delipetrova1; PhD M. Mojsova Mijovska2; PhD T. Trojik3; PhD B.Eftimova1;

1Department of Anesthesia, reanimation and intensive care, Clinical Hospital - Shtip, Republic of North Macedonia;2Clinic of anesthesia, reanimation and intensive care – Skopje, Republic of North Macedonia.3 Department of Anesthesia, reanimation and intensive care, City hospital 8th September – Skopje, Republic of North Macedonia.

**Introduction** Gestational diabetes is a metabolic disorder which develops often in the second or third trimester and disappears after giving birth in most cases. Hypoglycemia is an acute complication of gestational diabetes and is an urgent situation where early recognition and adequate treatment are essential for saving the mothers and the newborn life. However, recognizing the signs of hypoglycemia is more difficult in patients with deep sedation or general anesthesia.

**Material and Methods** Case of 28 years old pregnant woman who was admitted in hospital with uterine contractions. It was the second pregnancy for the patient. In the first pregnancy, gestational diabetes was diagnosed, but it was badly regulated. Now, during the second pregnancy, insulin therapy was added, but the patient didn’t use the therapy regularly again. Preoperative glucose level was 9,6 mmol/l. The emergency cesarean section was performed in spinal anesthesia. When the surgeon started, the patient felt pain and ketamine 20mg i.v. was given. The patient was hemodynamicly stable during the surgery. The newborn baby was with Apgar score of 8-9. After removing of the placenta, the patient started with hemodynamic destabilization, with tachycardia, hypotension, dyspnea, pale skin and dry mouth. Because of ketamine administration before, there was no verbal contact with the patient. Immediately after that glycaemia was measured and the glucose level was 2,1 mmol/l. Hypoglycemia was corrected with 40 ml of Dextrose 35%. Dextrose 5%, colloids and 5 mg of ephedrine was administered for increasing on the blood pressure. The patient was transferred in ICU and the next day when the glycaemia was regulated she was transferred in the obstetric department.

**Conclusion** – This case report needs to show that the perioperative patient monitoring and the recognition of early clinical signs are essential for preventing and handling with the possible complications.

**Key words** – Gestational diabetes, cesarean section, hypoglycemia, obstetric anesthesia.