ORAL PRESENTATIONS #1

O1-1

RANDOMIZED TRIAL OF NEURAXIAL VS. SYSTEMIC ANALGESIA FOR LATENT PHASE LABOR: EFFECT ON INCIDENCE OF CESAREAN DELIVERY *Wong, C.A. Scavone, B.M.; Sullivan, J.T.; Marcus, R.I.; Sherwani, S.S.; Strauss-Hoder, T.P.; Yaghmour, E.A.; McCarthy, R.J. Anesthesiology, Northwestern University Medical School, Chicago, IL*

The results of several studies comparing labor outcome in parturients who received epidural analgesia vs. systemic opioid analgesia suggest early initiation of epidural analgesia may be associated with higher operative delivery rates (1, 2). The purpose of this ongoing, prospective, randomized study is to determine if neuraxial analgesia initiated during latent phase labor, compared to systemic analgesia, affects the incidence of Cesarean delivery. Healthy, term, nulliparous parturients with singleton, vertex presentation, in spontaneous labor, or with spontaneous rupture of membranes gave informed consent to participate in this IRB-approved study. Parturients who requested analgesia when cervical dilation was < 4 cm were randomized to receive intrathecal fentanyl (as part of a combined spinal-epidural analgesia technique) (Group IT) or systemic hydromorphone (Group SYS). Patient controlled epidural analgesia (PCEA) was initiated at the 2nd request for analgesia in Group IT. Epidural analgesia followed by PCEA was initiated in Group SYS when the cervix was ≥ 4 cm or at the 3rd request for analgesia. The average verbal rating score for pain (VRSP) between the 1st and 2nd analgesic request was recorded. Incidence of Cesarean delivery, time to complete cervical dilation and time to delivery (from initiation of analgesia), and VRSP were compared between groups using the Chi-square and Mann-Whitney U tests. $P < 0.05$ was significant (* in Table). Demographic variables (age, height, weight, baseline cervical dilation at initiation of analgesia and baseline VRSP) did not differ between the two groups (Table). There was no difference in the incidence of Cesarean delivery between groups. The time from initiation of labor analgesia to complete cervical dilation and to delivery was shorter in Group IT. Duration of 2nd stage was not different between groups. Preliminary results from this ongoing study indicate that latent phase neuraxial analgesia does not affect the incidence of Cesarean delivery compared to systemic analgesia, but is associated with a shorter duration of labor. *1. Thorp JA, Hu DH, Albin RM, et al. Am J Obsteet Gynecol 1993;169:851-8.* 2. Nageotte MP, Larson D, Rumney PJ, et al. N Engl J Med 1997;337:1715-9.

	Group IT (n = 125)	Group SYS (n = 110)
Baseline cervical dilation (cm)	2.2 ± 0.9	2.1 ± 0.9
Baseline VRSP	8.0 ± 1.5	7.8 ± 1.5
Duration of initial analgesia (min)	99 ± 34	124 ± 62*
Average VRSP	2.3 ± 2.5	5.9 ± 1.9*
Cervical dilation at initiation of neuraxial analgesia (cm)	2.2 ± 0.9	4.3 ± 1.5*
Time to complete cervical dilation (min)	329 ± 166	383 ± 202*
Time to delivery (min)	436 ± 186	503 ± 236*
Cesarean delivery (%)	15.9	19.1

O1-2

HERPES SIMPLEX LABIALIS REACTIVATION WITH INTRATHECAL MORPHINE IN SEROPOSITIVE PARTURIENTS *Shannon, K.T. Ramanathan, S. Anesthesiology, Magee-Womens Hospital, Pittsburgh, PA*

Epidural morphine causes reactivation of Herpes Simplex Labialis (HSL) lesions. Neonatal HSV infections have drastic consequences. In this study, we have studied if intrathecal morphine causes HSL reactivation in patients with previous history of HSL lesions and with raised serum IgG antibody titers for the HSV virus. One hundred parturients with a previous history of HSL lesions scheduled to undergo elective cesarean section were randomized to receive either intrathecal morphine (ITM) or PCA morphine. Serum IgG HSV titers were measured, and oral HSV cultures were done using tissue culture before and after surgery. The oral mucosa was visually inspected for lesions and a postoperative phone call was made to rule out late reactivations or neonatal involvement. In the ITM group 19 patients reactivated and in the PCA group 8 reactivated (p 0.028). In 92% of cases, the lesions recurred at the original sites. Thirty-three patients in the ITM group and 33 patients in the PCA group were seropositive (p=NS). In the seropositive patients, 14 patients in the ITM group and 5 in the PCA group reactivated (p=0.014). However, the mean serum antibody titers were not significantly different between the reactivators and the non-reactivators. The median VAS score for pruritus (30) in the ITM group was significantly higher than the median score (0) in the PCA group. No neonates were affected. Our data show that 1)ITM morphine causes more HSL reactivations in those with history of cold sores and 2) IgG level is not a sensitive predictor of reactivation. *1. Crone L,Conly LM,Clark KM, et al: Recurrent Herpes Simplex virus labialis and the use of epidural morphine in obstetric patients. Anesth Analg 1988;67:318-23*