



# A Multidisciplinary approach to management of McArdle Syndrome in pregnancy A Case Report

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## Background

This obstetric case report underscores the significance of a multidisciplinary strategy in the management of McArdle Syndrome during pregnancy. McArdle Syndrome (Myophosphorylase deficiency), a rare metabolic disorder, leads to the inability to convert glycogen into glucose in skeletal muscle and thus dependency of a supply of glucose to muscle to avoid rhabdomyolysis. This presents unique challenges that demand a comprehensive and coordinated approach. The report chronicles the collaborative efforts of obstetricians, anaesthetists, geneticists, and metabolic specialists to provide optimal care for a pregnant woman with McArdle Syndrome.

## Case

We present a case of a 26-year-old primigravida with long-standing diagnosis of McArdle's Syndrome. She experiences fatigue on minimal muscle exertion. She is otherwise a well antenate and has not experienced any episodes of rhabdomyolysis previously. Concerns arose regarding an appropriate mode of delivery given the expected muscle straining with a vaginal delivery. Following a multidisciplinary approach, a decision was made for an elective caesarean, which progressed unremarkably.

## Discussion

McArdle's syndrome is a disorder of glycogen breakdown in skeletal muscle. Although the deficient enzyme is not expressed in the uterus, it poses concerns regarding metabolic decompensation in other muscles involved with a vaginal delivery. The potential use of a dextrose infusion in labour is documented in the literature, however the risk of a major episode of rhabdomyolysis and renal failure is not negated.

## Conclusion

This report contributes to the understanding that a multidisciplinary approach is paramount in managing rare and intricate medical conditions like McArdle Syndrome during pregnancy. It emphasizes the need for effective communication, shared decision-making, and coordinated care to optimize outcomes for both the mother and the baby. As medical advancements continue, collaborative strategies are vital for enhancing the quality of care provided to pregnant women with complex medical histories.