

Unrecognized anaphylaxis under anesthesia

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Abstract

Case of a morbidly obese 45 year old woman (BMI 50) undergoing a minor day case procedure with planned general anaesthesia and intubation who, after a standard induction including suxamethonium, presented a challenging airway and bronchospasm simultaneously. Haemodynamics initially were uncompromised with the main issues being sudden onset significant desaturation and bronchospasm which was managed after intubation with endotracheal salbutamol. Skilled assistance was sought from anaesthetic and intensive care colleagues. Rocuronium administration was then required after successful intubation had been confirmed and after saturations had improved, to facilitate further stabilization when the patient started to wake and cough on the endotracheal tube. After rocuronium was administered the ongoing bronchospasm and desaturation worsened again with subsequent haemodynamic instability. The patient's body habitus made NIBP monitoring unreliable and difficult intravenous access further hindered attempts to fluid resuscitate, necessitating insertion of an arterial line and central venous catheter. Small boluses of adrenaline were administered for low blood pressure and in view of ongoing instability it was decided that surgery should be abandoned, and she was transferred to the intensive care unit intubated, where she was managed with a noradrenaline infusion. Mast Cell Tryptase was sent for suspected anaphylaxis after 28 hours when attempts at weaning from the ventilator proved difficult, despite having been haemodynamically stable and on vasopressors for more than 12 hours. Mast Cell Tryptase came back elevated and subsequent formal allergy testing confirmed a positive reaction to both suxamethonium and rocuronium. Despite quite a brief period of significant desaturation the patient unfortunately sustained hypoxic brain injury, although she has been able to return home and her cognitive function continues to improve.

Biography:

Agnes Molnar is a Specialist Anesthesiologist in Sydney, Australia. She has completed her Medical studies and gained specialist qualification in Anaesthesia and Intensive Therapy first

in her native Hungary. Following her husband, she migrated to Australia and started a long journey to become an Anesthetist in her adopted country. She works as a Visiting Medical Officer in Western Sydney in both the public and the private system. She has extensive experience with Bariatric Patients.