OMICS Group Conferences
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International Conference and Exhibition on
Surgery, Anesthesia & Trichology

November 26-28, 2012 Hilton San Antonio Airport, USA

Our experience with outpatient anesthesia in a patient with huntington chorea

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Huntington chorea is a rare autosome dominant disorder which occurs at the rate of 5-7 per 100.000 and involves nervous system. In these patients, neuron loss especially in caudate nucleus and putamen, and shrinkage of cortex and atrophy occur. In this case report, a 68 year old female patient who was administered anesthesia successfully for tooth extraction is presented.

Case: Operation for tooth extraction was planned for a 68 year old female patient who was diagnosed with Huntington chorea 25 years ago. Lungs were normal upon examination, but in case extubation would not be possible, tooth extraction with sedation was planned. Following routine monitorisation procedure, as a measure against aspiration, nasal oxygen canule was inserted in upside down position and in induction, 10 mg ranitab, 50 mcg fentanyl and 50 mg propofol iv were administered. Subsequently, 30 mg/hr propofol infusion and 0.25 mg/hr remifentanyl infusion was started. 13 teeth of the patients were extracted. No perioperative complications occurred. And the patients was transferred to recovery room. After staying there for 390 minutes, the patients was taken to the clinic and 6 hours after the procedure the patients was discharged home.

Discussion: Huntington chorea is a neurodegenerative disease which is of importance for anesthesists. If anticholinergics are administered, increase in choreiform movements may be observed. Our patient was on antipsychotic, antidepressants, benzodiazepin and antiepileptic agents. And anesthetist should be aware of potential drug interaction with these drugs. In patients such as ours, general anesthesia may lead to the exaggerated appearance of psychiatric symptoms such as postoperative agitation, chorea and psychosis. In our patient, we preferred propofol, as there was no report in the literature on its causing prolonged apnea. Another problem which is of concern from anesthesia, is dysphagia, which occurs frequently in this patients group. As a consequence of dysphagia, which is the most marked motor symptom, food intake is prevented and risk of aspiration develops activation of airway reflexes after anesthesia is over, minimizes the risk of post-op aspiration.

Huntington chorea is a rare hereditary disease of nervous system. Experience with Huntington chorea is limited since it requires special drugs and techniques. Main aim in anesthesia of these patients, is the protection of airway and rapid and reliable recovery. We believe that in this patient group, propofol and remifentanil infusion fulfills these aims and can be used safely for outpatient anesthesia.

Biography

I. Ozkan Onal has completed his medical education from Ankara Gazi University Medical School and he has completed his anesthesia training from Ankara Hacettepe University Medical School and he is working in Ankara Yuksek Ihtisas training and educational hospital. He has published more than 15 papers about anesthesia.

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