

Anesthesia management in a patient who has brittle asthma and samter triad

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Introduction: In Kounis Zavras syndrome, vasospastic mediators released from mast cells as response to allergic stimulus lead to coronary vasospasm and results in acute coronary syndrome or angina pectoris. In this case report, anesthesia management in a 35 year old female patient with Kounis Zavras syndrome who had Samter triad and multiple drug allergy and had arrest previously due to drug allergy and hence who has implantable cardioverter defibrillator is presented.

Case: A 35 year old female patient who had multiple drug allergy, Samter triad and Brittle asthma was referred to emergency service with a picture of angioedema. It was learned that in the history of this patients Brittle asthma and Samter syndrome were present as well as mitral failure and that in France allergic reaction developed to drugs used both for mitral failure and drug allergy treatment and cardiac arrest developed. It was also learned that the patient was diagnosed with Brittle asthma, samter period and Kounis-Zavras syndrome and implantable cardioverter defibrillator was placed. The list of the drugs to which the patients is allergic was obtained from the relatives of the patient. During follow up in intensive care, she had anaphylactic picture repeatedly. As the duration of intubation was over 7 days and anaphylaxy and edema. Picture recurred frequently, tracheotomy was opened. During intensive care monitorization, aseptic femur necrosis developed owing to high dose methylprednisolone administration, and operation was planned by orthopedics department. As she was known to be allergic to all kinds of local anesthetics, general anesthesia was planned. Since the patients was not allergic to egg and soy, 4 mg/kg propofol, fentanyl 2 mcg/kg iv was administered. Muscle relaxants were not administered as she was allergic to them. After induction, patients were connected to mechanical ventilation from tracheotomy canule and remifentanyl and propofol infusion was initiated. No anesthetic gas was used and operation was completed without any complications.

Discussion: The incidental coincidence of chest pain and allergic reaction was defined by Kounis and Zavras in 1991. In these cases, clinical and laboratory findings produced by inflammatory mediators released against allergic condition support the presence of Angina Pectoris. At present, Kounis Zavras syndrome has replaced the terms of allergic angina pectoris or allergic myocard infarct.

The management of these allergic angina pectoris syndromes involves the simultaneous treatment of acute coronary syndrome and allergic syndrome. Our patient responded to this treatment. In our patient, diagnosed Brittle asthma, Samter triad and Kounis Zavras syndrome were present.

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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