SYRINGOMIELIA: AN ANESTHETIC CHALLENGE

B. Sánchez Quirós, M.A. Pérez Herrero, R. López Herrero, A. Martínez Martín, O. de la Varga Martínez, S. Cocho Crespo.
Servicio de Anestesiología y Reanimación. Hospital Clínico Universitario de Valladolid.

BACKGROUND AND AIMS

Syringomyelia is a disease in which a cyst or cavity forms within the spinal cord. The damage may result in loss of feeling, paralysis, weakness and stiffness in the back and extremities.

The gold standar anesthetic management in this type of patients consists on difficult airway management, free opioid general anaesthesia and continuous neuromuscular (NB) monitoring.

Figure 1. NMRI Syringomyelic cavity

METHODS

*Patient verbal consent was obtained.

RESULTS

The patient remained hemodynamically stable during the intervention and was successfully extubated with good control of the analgesia. We registered no pain and a motor recovery since immediate postoperative period. She was discharged to home by walking.

CONCLUSIONS

Syringomyelia cists drainage is effective in syringomyelic patients. The anesthetic management never can forget a continuous neuromuscular monitorization and an excellent control of intracranial pressure. It is not an absolute contraindication for locoregional techniques. Fibrobonchoscopy with awake patient is the choice because of the high risk of difficult airway.

BIBLIOGRAPHY

1. Amado Vazquez ME, et al..Malformaciones de la unión craneocervical.(Chiari tipo I y siringomielia)Madrid. Editorial Médica A.W.W.E S.A. 2009
2. Teo MM. Spinal neuraxial anaesthesia for caesarean section in a parturient with type I Arnold Chiari malformation and syringomyelia. SAGE Open Med Case Rep. 2018;6:2050313X18786114. Published 2018 Jun 28. doi:10.1177/2050313X18786114