Less Is More: Local Anaesthesia And Musical Sedation In Young High Risk Patient With Anterior Mediastinal Mass In Non-Emergent Surgery.

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BACKGROUND

Anterior mediastinal masses involve unique problems when facing general anaesthesia. Extrinsic compression of the airway and cardiovascular structures could involve catastrophic consequences. The presence of previous conditions can associate a higher risk of severe complications, such as cardiac vessel, cardiovascular compression, tracheal compression over 50% and bronchial structure compression.

CASE REPORT

IMAGES 1 and 2. Preoperative CT images showing important airway and cardiovascular affection.

27 year old woman with anterior mediastinal mass with paratracheal and subcarinal bilateral extension, in contact with both pleura and infiltrating the main pulmonary artery, ascendant aorta and the cava vein, with important pericardic vessel due to tumour infiltration. Scheduled for mass biopsy. Sedation with midazolam 1mg carried important desaturation with difficulties in recovery.

25 points over 26 in anxiety Beck inventory. We explained the patient the risks of sedative options, and finally she accepted local anaesthesia and musical sedation. During the surgery, anxiety score was 3 over 26.

IMAGES 2 and 3. Surgeons used local anaesthetic before incision. The patient felt comfortable listening to music while the surgery was being performed.

DISCUSSION

In this case, general anaesthesia had to be avoided. When these fatal complications appear in non critical procedures, the anaesthesiologist also has to deal with the existence of a potential disproportionate damage when the surgery is not an emergency. Less is more: in our case, the need of an extracorporeal circulation in case of cardiac tamponade was a plausible consequence, together with the real possibility of impossible intubation. The iatrogenic consequences are not acceptable in terms of risk/benefits in the current surgery.

LEARNING POINTS

- The detection of risk factors in an accurate preoperative evaluation is essential.
- In patients with high risk of complications if possible, general anaesthesia must be avoided.
- Even though autonomy principle is respected, in case of fatal complications liability of the anaesthesiologist is still controversial.