ANESTHESIA FOR CEREBRAL HEMISPHERECTOMY IN RASMUSSEN SYNDROME: TWO CLINICAL CASES

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BACKGROUND

Surgery represents a last resort therapy for epilepsy. Anesthesia perioperative care is essential to outcome.

CASE REPORTS

We report the clinical cases of two girls with refractory epilepsy associated with Rasmussen syndrome (RS), proposed for **functional cerebral hemisferectomy with neuronavigation** due to rapid uncontrolled clinical progression.

Case A

🧑,10-year old, ASA II, no other comorbidities.

Case B

🧑,7-year old, ASA III, early puberty, hemiparesis and obesity.

Post-surgical sequelae of language disturbance, right hemiplegia and hemianopsia (improving with rehabilitation).
Seizure recurrence two years after surgery.

Post-surgical sequelae of language disturbance and right hemiplegia (improving with rehabilitation).
Total seizure control. No medication needed.

DISCUSSION

RS is a progressive disease characterized by drug-resistant focal epilepsy associated with progressive cortical atrophy in more advanced cases, usually affecting one brain hemisphere.
Surgery is the most effective method to ensure complete disconnection of the affected hemisphere.

ANAESTHETIC MANAGEMENT

- Concern about intraoperative blood loss (large craniotomy);
- Duration of surgery and delayed recovery;
- Postoperative ventilatory support and intensive care unit surveillance.

A multidisciplinary approach to these patients is essential to ensure safety and reduce the risk of complications