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Raynaud's phenomenon during anesthesia for liposuction

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Background: Raynaud's phenomenon is a disorder of microvasculature affecting fingers and toes as a result of vasoconstriction of digital arteries. It is further divided into primary and secondary Raynaud's phrnomenon. Secondary Raynaud's is often related to connective tissue disorders. The hallmark of Raynaud's phenomenon is ischemia of the digits in response to cold which produces a characteristic triphasic color pattern.If the vasospasm is severe and long lasting, the attack may lead to critical ischemia and gangrene of the digits. Though pathophysiology of Raynaud's phenomenon is not well understood, systemic and local vascular effects are mostly associated with primary Raynaud's disease.

Case presentation: We report the case of a 36 year old Kuwaiti female patient with SLE and Raynaud's phenomenon who underwent liposuction under general anesthesia. She went to Germany where she was treated with Imuran 50mg OD. Plaquenil 200mg OD, baby ASA and sildenafil 20mg OD. Her lupus responded well to medication. She is not on steroid and cleared of all medications except Plaquenil 200 mg OD for the past 6 months. All her investigations were normal. She gave history of very short episodes of blanching of the hands that resolved instantaneously. Preoperative preparation included increasing operating room temperature, fluid warmers and warming blankets. Induction of anesthesia was done with Remifentanil 1ug. kg^{-1}, propofol 200mg and rocuronium 50mg. Airway was secured with armored tube size 7.5. Anesthesia maintained with O_2/N_2O mixture in 2% sevoflurane with low flow and remifentanil infusion 0.012mg.kg^{-1}.hr^{-1}. Operation started and warm irrigation fluid of normal saline 0.9% and adrenaline in the concentration of 1:1,000,000 were infiltrated subcutaneous and liposuction started. After 2 hours the displayed waveform and numerical values of SpO_2 disappeared suddenly. We double checked ventilator and patient. Bilateral air entry was auscultation and end-tidal CO_2 the same and all hemodynamics were normal.Operation was aborted and patient recovered but still with vasospasm of periphery that resolved later in recovery within 2 hours. Her Rheumatologist was consulted and advised to give nifedipine retard 20mg twice daily.

Conclusion: Inspite of taking all precautions and warming patient and fluids patient underwent a prolonged attack of Raynaud's phenomenon. Adrenaline and vasoconstrictors contraindicated in Raynaud's patients and in general they are not eligible candidates for liposuction.

Biography

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