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CASE REPORT

EPIDURAL ANAESTHESIA FOR REMOVAL OF LARGE HAEMATOMA PRODUCED IN PUNCTURE SITE FOR CORONARY ANGIOGRAM PROCEDURE IN A CASE OF ACUTE MYOCARDIAL INFARCTION — A CASE REPORT

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ABSTRACT

A 90 years old woman presented with large haematoma, hypertension with bronchial asthma. After doing all physical examinations, relevant investigations and managing the associated diseases, the haematoma was removed under epidural anaesthesia. Postoperative pain control was done with epidural lignocaine. Over all our come was good.

INTRODUCTION

Coronary angiogram is the gold standard in evaluating coronary arterial disease & is associated with an acceptively low complication rate(<1%). Haematoma formation in a puncture site is a rare complication because puncture site is managed addecuately though there have a chance. Small haematoma need not surgical intervention but large haematoma requires surgical intervention. Cosidering patient codition, Epidural anaesthesia was selected for surgical procedure because epidural technique have prove to be extremly safe when managed well[2]. Epidural block may be performed at any level of the vertebral column to provide segmental analgesia over an area that can be predetermined with reasonable success. Epidural or spinal opioids which may cause delayed respiratory depression and therefore their use is dependent on the availability of appropriate post operative care[3].

Anaesthesia is provided by the effect of the local anaesthetic drugs (e.g. 0.5% bupivacaine, 2% lidocaine) on the spinal nerve root as they pass from the spinal cord to the periphery through the epidural space. Analgesia can provided by the same mechanism, with the addition of opioids[4].

Epidural analgesia is the most effective method for the management of significant acute pain. Epidural analgesia provided by local anaesthetics (with or without an addition of an opiod) may lead to a reduction in postoperative complications and improve patient outcome, especially in high risk patient[5].

CASE REPORT

A 90 years old woman was admitted to TMSS Medical College and Rafatullah Community Hospital on the 17th May with large haematoma, hypertension with bronchial asthma. On physical examination patient was moderately dehydrated, moderately anaemic & restlessness. The blood pressure was 160/100 mm of Hg & the pulse rate was 84 per minute. There was a large haematoma at the punture site of angiogram procedure in right upper medial thigh.

Ultrasonogram & colour doppler revealed large haematoma in right upper medial thigh. On complete blood count, patient was anaemic. Random blood suger, serum creatinine, serum SGPT, serum alkaline phosphatase report was within normal limit. Serum electrolyte showed hypokalaemia. Chest X-ray (P/A view)

Key words: Haematoma, Epidural, Angiogram.

was normal study. ECG showed MI (Myocardial infartion). Echocardigraphy revealed LVF (Left ventricular failure). Coronary Angiogram report revealed left coronary artery block.

DISCUSSION

Epidural technique are widely used for operative anesthesia, obstetric analgesia, post operative pain control, & chronic pain management. It can be used as a single shot technique or with a catheter that allows intermittent boluses and or continuous infusion[2]. Epidural blocks may reduce the incidence of venous thrombosis & pulmonery embolism, cardiac complication in high-risk patients, bleeding & transfusion requirements,vacular graft oclusion, & pneumonia & respiratory depression in patient with chronic lung disease. For patients with coronary artery disase,a decreased stress response may result in less perioperative ischemia & reduce morbidity & mortality. Epidural anesthesia really safer than general anaesthesia for the sick elderly patient. The slower onset of hypotension & bradycardia following epidural anaesthesia may give the anaesthesiologist more time to correct haemodynamic changes though they still occur[2]. Regarding management of patient; fluid, electrolyte balance & anaemia was corrected. Hypertension & bronchial asthma was controlled. Management of MI was given. The patient was operated on the 11th July, 2011. At first, with all aseptic precaution, Central venous line was opened through right subclavian vein. Then 18G epidural needle was introduced in epidural space in between 4th & 5th intervertebral space & 20G epidural catheter was introduced in epidural space through epidural needle & needle was withdrawn. 0.5% bupivacaine 15 ml[1] & 50gm fentanyl[3]. Injection was given through epidural catheter; After 20 minutes anaesthesia was achieved & with all aseptic precaution incision was given & haematoma was removed; surgical toileting was done. Haemostasis was secured & dressing was done. Post operatve pain was managed with intermittent 2% 4ml epidural lidocaine injection through epidural catheter in situ.

CONCLUSION

As the patient presents multiple co-existing diseases that complicate general anaesthesia & epidural anaesthesia scapes this complication & post operative pain is managed well with intermittent doses of epidural lidocaine 2% and for this surgical intervention was performed under epidural anaesthesia.

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