Anesthetic management in Melkersson Rosenthal Syndrome

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Sir,

Melkersson-Rosenthal syndrome (MRS) is a rare, noncaseating granulomatous disorder of unknown etiology and undefined diagnostic criteria. Patients with MRS may have potential difficult airway and laryngeal complications. Here we discuss anesthetic management in a case of Melkersson Rosenthal Syndrome who underwent check curettage under spinal anesthesia.

A 35 years female, primigravida, a known case of MRS and bronchial asthma, was scheduled for check curettage in view of missed abortion. She was on tab. prednisolone 35 mg OD. Clinical parameters within normal limits. She had orofacial edema and a fissured tongue. Patient was shifted to OR after obtaining informed and written high risk consent. Spinal anesthesia was chosen to avoid complications of general anesthesia. Preloading was done with 500 ml of ringer lactate. Supplementary oxygen was given at 4lit/min. Patient was kept warm by using warm IV fluids, warm blankets and also the temperature of the OR was kept constant. Spinal anesthesia was chosen to avoid complications of general anesthesia. Preloading was done with 500 ml of ringer lactate. Supplementary oxygen was given at 4lit/min. Patient was kept warm by using warm IV fluids, warm blankets and also the temperature of the OR was kept constant. Spinal anesthesia was chosen to avoid complications of general anesthesia. Preloading was done with 500 ml of ringer lactate. Supplementary oxygen was given at 4lit/min. Patient was kept warm by using warm IV fluids, warm blankets and also the temperature of the OR was kept constant. Spinal anesthesia was chosen to avoid complications of general anesthesia.

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