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Case Report

Contribution of Epidural Analgesics in Perioperative Constrictive Pericarditis

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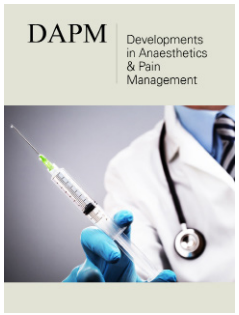

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Abstract

Introduction: Constrictive pericarditis is a rare pathology characterized by a rigid pericardium, the main etiologies of which are infection, chest radiotherapy and cardiac surgery. The clinical presentation is that of heart failure. Pericardiectomy makes this pathology curable, with anesthesia and analgesia, which minimize hemodynamic changes.

The objective of the work: To report the use of an analgesic thoracic epidural in addition to general anesthesia in this indication.

Case report: This is the 16-year-old patient G.C, originally from and living in Bordj Bou Arreridj aux Atcds with post-biopsy traumatic splenectomy. Admitted to the thoracic surgery department for surgical treatment of a constrictive pericardiectomy [1]. The anesthesia consisted of general anesthesia based on titrated Propofol, Vecuronuim, Fentanyl, as well as epidural analgesia based on morphine intraoperatively followed by low concentration Bupivacaine combined with opioid drugs. The operative act consisted of sternotomy and decortication of the entire pericardium. Mainly standard monitoring and invasive blood pressure-based monitoring. The evolution was favorable after a few days [2,3].

Discussion: Analgesia thoracic epidural is based on compliance with contraindications, and collaboration between surgeon and anesthesiologist.

Conclusion: The analgesic epidural could have a place in the peri-operative management.

Keywords: Pain; Epidural; Pericarditis; Constrictive; Surgery

Introduction

The anesthesia consisted of general anesthesia based on titrated Propofol, Vecuronuim, Fentanyl, epidural analgesia level T5-T6 technique of loss of resistance with insertion of a catheter (based on morphine intraoperatively Sufentanyl 2ug/h then Bupivacaine 1% associated 2.5ug Sufentanyl speed 2 to 10ml/h depending on the 'hemodynamic state. Standard monitoring mainly and invasive monitoring based on PAS The evolution was favorable after a few days Eva≤3 (combination epidural analgesic and Paracetamol) catheter removal on day 3.

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