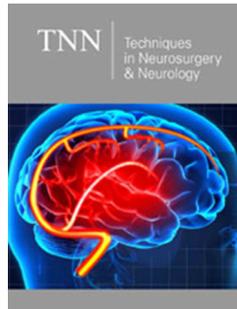


Contribution of Epidural Analgesics in Perioperative Constrictive Pericarditis

Matouk M*, Kachouane N and Benmouhoub

Department of Anesthesia, Algeria

ISSN: 2637-7748



*Corresponding author: Matouk M,
Department of Anesthesia, Algeria

Submission: 📅 January 17, 2022

Published: 📅 February 17, 2022

Volume 4 - Issue 5

How to cite this article: Matouk M*, Kachouane N, Benmouhoub. Contribution of Epidural Analgesics in Perioperative Constrictive Pericarditis. Tech Neurosurg Neurol. 4(5). TNN. 000598. 2022. DOI: [10.31031/TNN.2022.04.000598](https://doi.org/10.31031/TNN.2022.04.000598)

Copyright@ Matouk M, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

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. The anesthesia consisted of general anesthesia based on titrated Propofol, Vecuronium, 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.

Discussion: Cardiac and pericardial surgery is a source of postoperative pain and is subject to numerous constraints, namely bleeding, hemodynamic variations, the use of particular treatments such as anticoagulants, the compromise between these constraints and the establishment of a typical 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.

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 [1].

Case Report

This is the 16-year-old patient G.C, originally from and living in Bordj Bou Arreridj Post-biopsy traumatic splenectomy injuries. Admitted to the thoracic surgery department for surgical treatment of a constrictive pericardiectomy. The anesthesia consisted of general anesthesia based on titrated Propofol, Vecuronium, 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 The operative act consisted of stenotomy and decortication of the entire pericardium. And placement of two drains. 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 (Figure 1);[2].



Figure 1:

Discussion

cardiac and pericardial surgery is a source of postoperative pain and is subject to numerous constraints, namely bleeding, hemodynamic variations, the use of particular treatments such as anticoagulants, the compromise between these constraints and the establishment of a typical analgesia thoracic epidural is based on compliance with contraindications, and collaboration between surgeon and anesthesiologist [3].

Conclusion

The analgesic epidural could have a place in the pericardectomy and postoperative management for constrictive pericarditis provided it is adapted to the hemodynamic conditions of the patient.

References

1. Skubas, Nikolaos J (2001) Constrictive pericarditis: Intraoperative hemodynamic and echocardiographic evaluation of cardiac filling dynamics. *Anesth Analg* 92(6): 1424-1426.
2. Grocott, Hilary P (2011) Anesthesia and the patient with pericardial disease. *Can J Anesth* 58(10): 952.
3. Correia, Michelle (2019) Anaesthesia for patients with pericardial disease. *Inflammatory Heart Diseases*, p. 67.

For possible submissions Click below:

[Submit Article](#)