J Anesth (2014) 28:798
DOI 10.1007/s00540-014-1813-y

LETTER TO THE EDITOR

Dexmedetomidine for postoperative Huntington's chorea

Sayuri Matsunami · Nobuyasu Komasawa · Toshiaki Minami

Received: 12 February 2014 / Accepted: 22 February 2014 / Published online: 13 March 2014

Keywords Huntington's disease · Dexmedetomidine · Severe chorea

To the Editor:

A 63-year-old woman was scheduled to undergo open reduction and internal fixation for a humeral bone fracture. She was complicated with Huntington's disease (HD). She had motor impersistence and persistent chorea which was controllable. She did not show remarkable emotional or cognitive disorder. Laboratory examination revealed increased creatine phosphokinase (760 U/l) and total bilirubin (2.4 mg/dl). Anesthesia was induced with propofol 100 mg and 0.2 μg/kg/min remifentanil infusion. Anesthesia was maintained with 1 % sevoflurane and 0.2–0.5 μg/kg/min remifentanil infusion. The operation time was 145 min. Tramadol 100 mg and flurbiprofen 50 mg was administered for postoperative analgesia. After surgery, the muscle relaxant (total rocuronium 80 mg) was antagonized with sugammadex 200 mg and she was extubated uneventfully. Though she was aware of her surroundings and communication was possible, her chorea worsened to the point of being uncontrollable. The jerking of her chorea showed slow continuous movements in a flowing fashion, which was accompanied by involuntary contractions of upper and lower limbs. After 60 min of 0.4 μg/kg/h DEX infusion, she gradually gained control of her movements and chorea improved to the preoperative state. Continuous DEX infusion was terminated after 12 h. Her chorea remained at the preoperative level and she could control her movement uneventfully after termination of DEX.

Abnormal conditions that present following recovery from anesthesia in patients with HD are particularly concerning. Several reports attest to the utility of DEX for perioperative dystonia or convulsion treatment [1]. DEX infusion may be useful for treating uncontrollable chorea following recovery from anesthesia postoperatively.

Conflict of interest None to report.

Reference

1. Goddeau RP Jr, Silverman SB, Sims JR. Dexmedetomidine for the treatment of paroxysmal autonomic instability with dystonia. Neurocrit Care. 2007;7:217–20.

S. Matsunami · N. Komasawa (✉) · T. Minami
Department of Anesthesiology, Osaka Medical College, Daigaku-machi 2-7, Takatsuki, Osaka 569-8686, Japan
e-mail: koma21century@yahoo.co.jp