SPINAL ANESTHESIA IN A PATIENT WITH CHARCOT-MARIE TOOTH DISEASE: A CASE REPORT

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Background: Charcot-Marie Tooth disease (CMT) is a hereditary peripheral neuropathy characterized by progressive muscular atrophy and motor-sensory disorders that can lead to muscle weakness and sensory loss, especially in the hands and feet. We present a clinical case of a patient with CMT who underwent spinal anesthesia for lower limb orthopedic surgery.

Methods: Men, 63 years old, ASA II, was scheduled for Tibiotarsal arthrodesis, due to CMT sequelae.

Past medical history: Type 1 CMT and dyslipidemia.

Physical examination: High arched left foot, slight muscle weakness of the lower limbs and left foot paresthesia. No other neurological deficits.

Anesthetic technique: Spinal anesthesia with 10 mg hyperbaric bupivacaine 0.5% plus 2 mcg sufentanyl, L3-L4 level, beveled 27G needle (Quincke®).

No immediate vascular or neurological complications were noted.

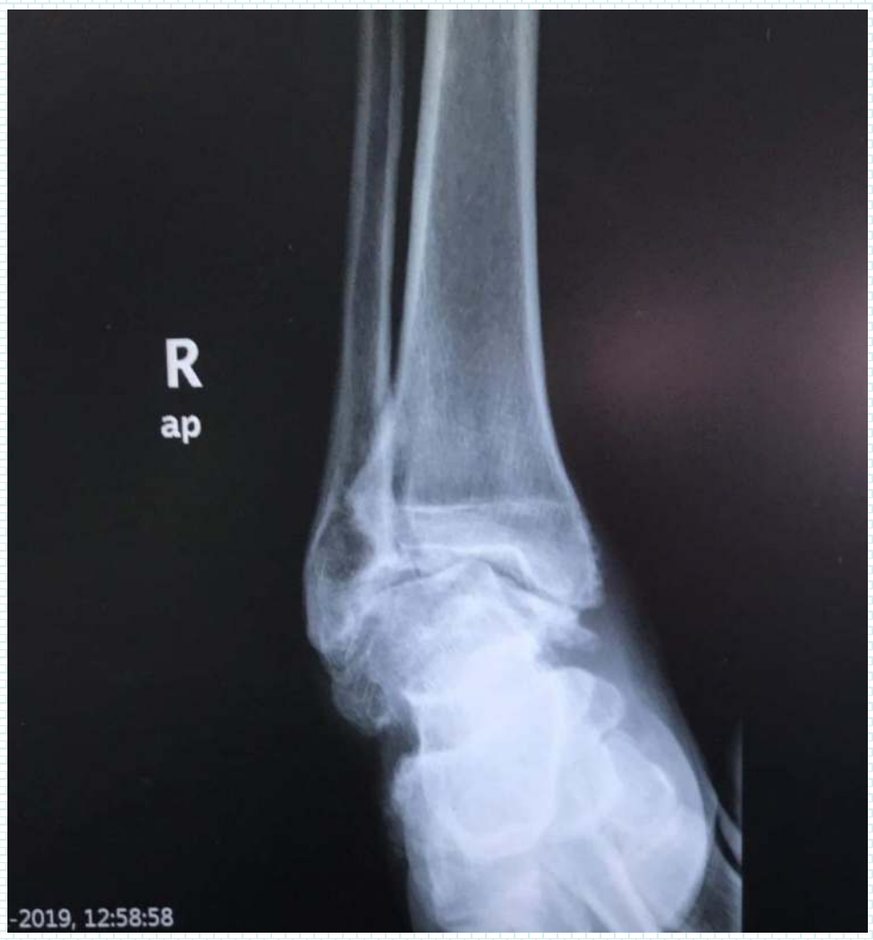

Figure 1. Patient´s tibiotarsal joint showing deformation.

Results: The patient remained hemodynamically stable throughout the procedure and no adverse events were registered. After surgery, the patient gradually regained motor function until full recovery 4 hours after the block. The immediate post-operative period was uneventful, and the patient was safely discharged home two days later without further neurologic impairment.

Conclusion: There is no definitive consensus about the safety and use of regional anesthesia in patients with CMT, only a few case reports and small case series suggesting it can be used without worsening a patient's stable neurologic condition. We report a successful clinical case in which neuraxial anesthesia proved to be safe and effective, in agreement with previous descriptions. Additional studies addressing this matter are required.

S. Ritter, R. Jense, J. Davies. Subarachnoid and Peripheral Nerve Block in a Patient with Charcot-Marie-Tooth Disease. Open Journal of Anesthesiology, 2013, 3, (44-47)