

## Suxamethonium chloride

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### Rhabdomyolysis: case report

A 41-year-old woman developed rhabdomyolysis after receiving suxamethonium chloride during tracheal intubation prior to laparoscopic hysterectomy.

The woman, who was morbidly obese, underwent laparoscopic abdominal hysterectomy due to the detection of atypical endometrial cells on biopsy. Difficult airway management was anticipated due to her obesity, and her upper body was initially positioned on an elevation pillow. She was secured to the operating table to prevent slipping, with her arms at her sides. A modified rapid sequence tracheal intubation was conducted, using fentanyl, propofol and suxamethonium chloride 160mg [*route not stated*]. The surgery was completed after 6 hours, and she was uneventfully intubated and moved to the postanesthetic care unit (PACU) for monitoring. An hour after surgery, she complained of severe bilateral arm weakness and pain.

The woman was administered fentanyl, hydromorphone and paracetamol [acetaminophen] for muscle pain. Limited movement of her arms against gravity was evident, as was tenderness over both arms and the shoulder girdle muscles. A clinical diagnosis of rhabdomyolysis was confirmed by a serum creatinine level of 18 392 IU/L. Her urine was dark-coloured, and she was given normal saline to increase urine output. Mannitol was administered. Her serum creatinine levels decreased and her clinical symptoms improved over 7 days; she was discharged on postoperative day 10. At 3 months' follow-up, she was able to lift her arms to 70° against gravity with no pain.

**Author comment:** "*[T]he use of [suxamethonium chloride] for rapid sequence intubation could have contributed to the development of [rhabdomyolysis]*".

Ankichev S, et al. Case report: Rhabdomyolysis in morbidly obese patients: Anesthetic considerations. *Canadian Journal of Anesthesia* 60: 290-293, No. 3, Mar 2013. Available from: URL: <http://dx.doi.org/10.1007/s12630-012-9823-4> - Canada

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